

For Treasurer's Use Only

Verified \_\_\_\_\_

Date \_\_\_\_\_

## RBHS PTO Deposit Slip

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Category/Event	Amount
	\$
	\$
	\$
Total	\$

Cash: \$ \_\_\_\_\_

Checks: \$ \_\_\_\_\_ (# of checks \_\_\_\_\_)

Total Deposit: \$ \_\_\_\_\_

Submit to RBHS PTO Treasurer:  
Paula Fritsch