



Dexter Community Schools
 7714 Ann Arbor Street
 Dexter, Michigan 48130
 (734) 424-4100 – Phone
 (734) 424-4111 – Fax

**Dexter Community Schools
 Deposit Worksheet**

Account _____ **Account Name** _____

Event/Activity _____ **Event Date** _____

Event Contact _____

Cash: Amount \$ _____ (currency _____ coin _____)

Checks: Amount \$ _____

Total Deposit \$ _____

Note: Please attach supporting documentation such as a written roster of payment listing ,spreadsheet, or photocopies of checks. Please include Internal Activity Account "662-431-XXXX" on the face of each check.

I verify I received and counted the above cash and checks:

 Sponsor (or designated Adult) Signature Name (Print) Date

 Additional (verified by) Signature Name (Print) Date
(Recommended for cash deposits over \$500)

received (unverified) **received and verified** **receipt book # (if any)** _____

 Received by Signature Name (Print) Date
Note: Provide a copy of this Deposit Worksheet to Sponsor as a receipt and match to Account Statements

verified (at a later time) **Notation (if any)** _____

 Verified by Signature Name (Print) Date

Bank deposit by: _____
 Name (Print) Date

Note: Forward yellow Bank Deposit Slip and original Deposit Worksheet to the Business Office no later than the last business day of each month.

For Business Office Use:	Transaction # _____	by _____
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