

# Rolling Hills H.S.A.

## DEPOSIT NOTICE



CHAIR-PERSON NAME:	CHAIR PHONE:
2ND FUNDS COUNTER NAME:	CHAIR EMAIL:
EVENT:	OPENING CASH BOX FUNDS FOR EVENT:
EVENT DATE:	
DATE FUNDS SUBMITTED TO TREAS.:	
NOTES:	

CHECK #	AMOUNT
<b>TOTAL CHECKS:</b>	\$

Complete the following information for your deposit:

CASH	QUANTITY	TOTAL
\$0.05		\$
\$0.10		\$
\$0.25		\$
\$1.00		\$
\$5.00		\$
\$10.00		\$
\$20.00		\$
\$50.00		\$
\$100.00		\$
		\$
<b>TOTAL CASH:</b>		\$

Signature of 1st Funds Counter:	Date:
Signature of 2nd Funds Counter:	Date:
ACCEPTED BY H.S.A. TREASURER:	Date:
NOTES:	

Treas. Recount Total: \$ \_\_\_\_\_

Short/Balanced/Over (circle one)

Amount  
(if short/over): \$ \_\_\_\_\_