Rolling Hills H.S.A.

NOTES:

DEPOSIT NOTICE				
CHAIR-PERSON NAME:		CHAIR PHONE:	CHECK#	AMOUNT
2ND FUNDS COUNTER NAME:		CHAIR EMAIL:	OHLOK#	AWOUNT
EVENT:		OPENING CASH BOX FUNDS FOR EVENT:		
EVENT DATE:				
DATE FUNDS SUBM	IITTED TO TREAS.:			
NOTES:				
Complete the following	ng information for your dep	osit:		
CASH	QUANTITY	TOTAL		
\$0.05		\$		
\$0.10		\$		
\$0.25		\$		
\$1.00		\$		
\$5.00		\$		
\$10.00		\$		
\$20.00		\$		
\$50.00		\$		
\$100.00		\$		
		\$		
TOTAL CASH:		\$	TOTAL CHECKS:	\$
			SUMMARY	
Signature of 1st Funds Counter: Date:			Total Cash:	
			Total Checks:	
Signature of 2nd Fun	ds Counter:	Date:	Minus Opening Cash for Box:	-
			GRAND TOTAL:	\$
ACCEPTED BY H.S.	A. TREASURER:	Date:		

Treas. Recount Total: \$