



FOUNDATION DEPOSIT SLIP

Date _____

Name of Depositor (Person dropping off deposit)

Print

Signature

Deposit Description Cash \$ _____

Checks \$ _____

Total Deposit _____

Foundation Account Name _____ Account Number _____

Purpose of Deposit _____

(sales, fees, other income,
reimbursement, etc.)

Checks

Check #	Amount

Total Checks _____

Cash

Number of Bills	Currency	Total
	100	
	50	
	20	
	10	
	5	
	2	
	1	

Total Cash _____

Number of Coins	Coins	Total
	Pennies	
	Dimes	
	Nickles	
	Quarters	
	Total Coins	

Office Use Only
Date Deposit Received _____ Received By _____