



# OCPTO DEPOSIT FORM

Event \_\_\_\_\_ Date \_\_\_\_\_

Person completing form \_\_\_\_\_ Phone No. \_\_\_\_\_

(Please make sure that there are always 2 people counting money to protect the reliability of the count)

Total of checks   
*(attach a tape/written account)*

Bills	#	Amount
\$100		
\$50		
\$20		
\$10		
\$5		
\$2		
\$1		
<b>Total</b>		

Coins	#	Amount
Dollar		
50 Cent		
Quarters		
Dimes		
Nickels		
Pennies		
<b>Total</b>		

Total Cash \$

Total Deposit

Counter 1 Signature \_\_\_\_\_

Counter 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by Treasurer \_\_\_\_\_ Date \_\_\_\_\_