

Resurrection St. Paul H S A Deposit Form

Account: _____ Date _____

Purpose: _____

Money Received From: _____

for the purpose indicated above

Checks: \$ _____ (please attach the RSPS-H S A Deposit Detail Slip for Check Form)

Bills:

Ones: _____ X 1 = _____

Fives: _____ X 5 = _____

Tens: _____ X 10 = _____

Twenties: _____ X 20 = _____

Other: _____ X ____ = _____

Total Bills: \$ _____

Coins

Pennies: _____ X .01 = _____

Nickles: _____ X .05 = _____

Dimes: _____ X .10 = _____

Quarters: _____ X .25 = _____

Other: _____ X ____ = _____

Total Coins \$ _____

Grand Total: \$ _____

Submitted By: _____
(Your Signature)

Verified By: _____
(Signature)

| | |
|----------------------------|-----------------------|
| Received By: _____ | Title: _____ |
| Date Received: _____ | Receipt number: _____ |
| Deposited into Acct: _____ | |
| Date Deposited: _____ | |