



PARENT FACULTY STUDENT ORGANIZATION (PFSO)

DEPOSIT REQUEST

PFSO Account Name(s) [Class Year/General Fund/Other]: _____

Deposit for (Fundraiser, Donation, etc: *please include breakdown*): _____

Name/Contact Information for Person Submitting Deposit: _____

Cell Phone: _____

E-mail Address: _____

CURRENCY		
\$100	x _____	= _____
\$50	x _____	= _____
\$20	x _____	= _____
\$10	x _____	= _____
\$5	x _____	= _____
\$2	x _____	= _____
\$1	x _____	= _____

CHECKS (list individually by check # & amount)	
Check #	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
(Continue on back if necessary)	

Total Currency: _____

Total Checks: _____
(please remove all staples)

Total Deposit:

Signature & Date: _____

FOR PFSO TREASURER USE ONLY	
Deposit total amount to:	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 35%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> PFSO Account Name Date of Deposit </div>
Cash count verified by:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="font-size: small;">PFSO Treasurer</div>