

Croft Community School PTA DEPOSIT VOUCHER

Date:	
Committee Name:	
Name of Event / Activity:	
Bill Total:	
Coin Total:	
CURRENCY TOTAL:	
CHECK TOTAL:	
Total Number of Checks:	
DEPOSIT TOTAL:	
Counter/Verifier #1: (signature required)	
Counter/Verifier #2: (signature required)	

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