

**Hope Elementary School
Student Council Deposit**

Teacher/Advisor: _____

Date: _____ Grade/Club: _____

Name of Event: _____

CASH	CHECKS	TOTAL
\$	\$	\$

CASH	NUMBER	TOTAL
\$100		
\$50		
\$20		
\$10		
\$5		
\$2		
\$1 (COIN)		
\$1		
\$0.50		
\$0.25		
\$0.10		
\$0.05		
\$0.01		

Staff/Advisor: _____

Administrative Assistant (*Business*): _____

Date Submitted: _____ Deposit Verified: _____

Please submit this form to the appropriate person and
retain one copy for your records