

Castro Valley High School

ASB Cash Count / Deposit Slip

Organization: _____

Event: _____

Date: _____

Please turn in receipt copies, a list of all purchasers, or tally sheets with the deposit slip.

Denominations	Amount	Coins
\$100 x _____ =	_____	1.00 x _____ = _____
\$50.00 x _____ =	_____	.50 x _____ = _____
\$20.00 x _____ =	_____	.25 x _____ = _____
\$10.00 x _____ =	_____	.10 x _____ = _____
\$ 5.00 x _____ =	_____	.05 x _____ = _____
\$ 2.00 x _____ =	_____	.01 x _____ = _____
\$ 1.00 x _____ =	_____	

Cash Total _____

Less Cash Box (if applicable) _____

Checks Total _____

Grand Total _____

Person Counting Cash: _____

Advisor Signature: _____

Verified by Finance: _____

Receipt #: _____