

SAINT BRIGID OF KILDARE HOME & SCHOOL ASSOCIATION

DEPOSIT AND INCOME FORM

Date of Deposit: _____

Total Amount of Cash:

of \$100 bills _____
of \$50 bills _____
of \$20 bills _____
of \$10 bills _____
of \$5 bills _____
of \$1 bills _____

Amount of Coins: _____
(Please roll coins in coin wrappers.)

Total Cash: \$ _____

Total Checks: \$ _____

Grand Total of Deposit (Cash and Checks): \$ _____

Total Expenses for Event (Attach expense request form): \$ _____

Total PROFIT from Event (Deposit less Expenses): \$ _____

NAME OF EVENT: _____

COMMITTEE NAME: _____

SUBMITTED BY: _____

TELEPHONE NUMBER: _____

TREASURER'S SIGNATURE: _____

Send cash, checks, deposit/income forms and any expense check request forms with receipts and/or invoices to:

Gretchen O'Reilly
332 Stonewall Court
Dublin, Ohio 43017

OR

You may place requests in the H&S
Mailbox in the school office.