

PCS School Site Deposit Reconciliation Form

Site Name _____

Date _____

Program _____

Account _____

Provide a detailed description of the deposit (i.e., girls basketball ticket sales):

Required: Please include copies of all checks.

CHECKS	Quantity (# of checks)	Sum of Checks
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	Total # of Checks	Total Sum of Checks
	_____	\$ _____

Include adding machine tape of Checks, Bills, and Coins

BILLS	Denomination	Quantity (# of Bills)	Sum of Bills
	\$100	_____	\$ _____
	\$50	_____	\$ _____
	\$20	_____	\$ _____
	\$10	_____	\$ _____
	\$5	_____	\$ _____
	\$2	_____	\$ _____
	\$1	_____	\$ _____
	Total Sum of Bills		\$ _____

Cash must be counted by two people at all times.

Balance Totals

Checks \$ _____
 Bills \$ _____
 Coins \$ _____
 Final Total \$ _____

Signature of Site Preparer 1

Signature of Site Preparer 2

COINS	Denomination	Quantity (# of Coins)	Sum of Coins
	\$1.00	_____	\$ _____
	\$0.50	_____	\$ _____
	\$0.25	_____	\$ _____
	\$0.10	_____	\$ _____
	\$0.05	_____	\$ _____
	\$0.01	_____	\$ _____
	Total Sum of Coins		\$ _____

For District Office Use Only

Counted under dual control by

Reviewed by
