



Arcadia Unified School District  
**FOOTHILLS MIDDLE SCHOOL**

**Deposit Slip**

**ALL MONEY MUST BE DEPOSITED TO THE ASB OFFICE  
 NO LATER THAN THREE (3) DAYS AFTER THE FUNDRAISING EVENT.**

\_\_\_\_\_  
 Organization Activity Name

Activity Description:

**If your activity requires payments from the organization's ASB Account, the **advisor** MUST complete the "Pre-Approval Form" found on the ASB Website.**

\_\_\_\_\_  
 Counter Last Name Counter First Name Counter E-mail Counter Phone #

\_\_\_\_\_  
 Advisor Last Name Advisor First Name Advisor Email Advisor Phone #

**Coins**

Denomination	Count	Value
Penny		
Nickel		
Dime		
Quarter		
Half Dollar		
Dollar Coin		
Total Coin		

**Currency**

Denomination	Count	Value
\$1 Dollar		
\$2 Dollar		
\$5 Dollar		
\$10 Dollar		
\$20 Dollar		
\$50 Dollar		
\$100 Dollar		
Total Currency		

**Checks**

#	Check Number	Value
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total Checks		

- All coins are separated by denomination
- All currency is submitted in bundles of 20 bills per stack
- All checks are listed by check number if 10 checks or less
- All deposits must be accompanied by a Collection Sheet (template provided) which indicates how the funds collected were generated.

**Total: \$**

\_\_\_\_\_  
x Counter Signature Date x Advisor Signature Date



Arcadia Unified School District  
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**Collection Receipt**

*\*Duplicate form as necessary or provide your own version*

\_\_\_\_\_  
 Organization Activity Name

Activity Description:

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\_\_\_\_\_  
 Counter Last Name      Counter First Name      Counter E-mail      Counter Phone #

\_\_\_\_\_  
 Advisor Last Name      Advisor First Name      Advisor Email      Advisor Phone #

	Name	ID (If Applicable)	Cash Amount	Check Amount	Amount Collected
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

X \_\_\_\_\_      \_\_\_\_\_      
 X \_\_\_\_\_      \_\_\_\_\_  
 Counter Signature      Date      Advisor Signature      Date