

WAYNE COUNCIL of PTO's
DEPOSIT REGISTER

NAME: _____

EVENT: _____

DATE: _____

DATE		Name on Check	Student's name if different Write in lower LH corner of check	CHECK NO.	AMOUNT
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				
	17				
	18				
	19				
	20				
	21				
	22				
	23				
	24				
	25				

of checks _____

CASH _____

CHECKS _____

TOTAL _____