



Deposit of Funds Received

CASHIER'S OFFICE

411 Central Avenue
Salinas CA 93901

DATE:

PREPARED BY:

DEPARTMENT:

FUNDS WILL NOT BE ACCEPTED WITHOUT THIS FORM COMPLETE

FUNDS RECEIVED					
HUNDREDS		DOLLARS		TOTAL 1	
FIFTIES		HALVES		TOTAL 2	
TWENTIES		QUARTERS		TOTAL CHECKS	
TENS		DIMES		TOTAL CHARGES	
FIVES		NICKLES			
ONES		PENNIES			
TOTAL 1		TOTAL 2		GRAND TOTAL	

TO BE DEPOSITED AS FOLLOWS			
ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT	REASON/ COMMENT

RECEIPT ISSUED BEGINNING # _____
ENDING # _____
**ATTACH COPIES

TO BE COMPLETED BY CASHIER
VERIFIED BY: _____
DATE: _____