



BPHSA...Making a Difference for our Children
Chapter of North Penn Coordinating Council, Inc.

BPHSA use only:
Deposit Received
Date: _____

Money Deposit Form

Please note that there are two parts of this form to complete. If the treasurer or another board member is not available to accept the deposit, please put it in the safe. If funds are deposited in the safe, put the bottom half of this form in the treasurer's mailbox so the deposit can be verified.

Committee _____

Total Checks: _____

Total Bills: _____

Total Coins: _____

Total Deposit: _____

Date _____

Deposit Verified by: 1. Print Name _____ Initial Here _____

2. Print Name _____ Initial Here _____

Two people should verify the Total Deposit Amount is correct.

Attention: Committee Chairperson.

Please submit the top half, with deposit, to the BPHSA Treasurer.

Attention: Committee Chairperson.

When proceeds are deposited in the safe, please put bottom half in the TREASURER'S mailbox.



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Money Deposit Verification

Committee _____

Total Deposit Amount _____

Date _____

Deposit Verified by: 1. Print Name _____ Initial Here _____

2. Print Name _____ Initial Here _____

Two people must verify the Total Deposit Amount is correct.