

DHSA Deposit Form

Name:	Event:
Date:	

Dollars	Change
\$1	.01¢
\$5	.05¢
\$10	.10¢
\$20	.25¢
Total:	Total:

Checks	Credit Card Receipts
Total:	Total:

Final Total for Deposit

\$

Please submit this deposit request to:

*SCHOOL OFFICE for
DHSA TREASURER*