



# COLD SPRING ELEMENTARY HSA-DEPOSIT FORM

COMMITTEE MEMBER NAME:	COMMITTEE MEMBER SIGNATURE:

EVENT AND COMMITTEE NAME:

DATE SUBMITTED:	TOTAL DEPOSIT AMOUNT: (CHECK, CASH AND COINS)

SPECIFIC DESCRIPTION OF SOURCE: Example: Vendor cash payment, ticket sale, pre-orders or vouchers

Complete the following information for your deposit:

CASH	TOTAL	CHECK LAST NAME and NUMBER	CHECK AMOUNT
\$100.00			
\$ 50.00			
\$ 20.00			
\$ 10.00			
\$ 5.00			
\$ 1.00			
\$ 0.25			
\$ 0.10			
\$ 0.05			
\$ 0.01			
<b>TOTAL CASH:</b>		<b>TOTAL AMOUNT</b>	

ACCEPTED BY (HSA TREASURER):NAME AND SIGNATURE	DATE:

FOR HSA TREASURER: Category \_\_\_\_\_ Deposit date \_\_\_\_\_ Logged \_\_\_\_\_

CONTACT EMAIL: [coldspringhsa.treasurer@gmail.com](mailto:coldspringhsa.treasurer@gmail.com)

