Gayhead Elementary School PTA

Receipts Voucher - Check Deposit Slip for **more than 17 checks**

****** MUST BE ATTACHED TO RECEIPTS VOUCHER ******

#	Check #	Dollar	Cents
1			
10			
20			
30			
40			
50			
	Sub Total: $		

#	Check #	Dollar	Cents
51			
60			
70			
80			
90			
100			
	Sub Total: $		

#	Check #	Dollar	Cents
101			
110			
120			
130			
140			
150			
	Sub Total: $		

Date: _____ **Total # of Checks** _____

Committee: _____ **Total $ of Checks** **$** _____