## **ASB Deposit Summary**

## Name of School

## Date of Deposit

| Date Rec'd: | Received From:   | Receipt / Ref No. | ASB Account Number & Name | Category or<br>Sub-Group |                |
|-------------|--|-------------------|---------------------------|--------------------------|----------------|
|             | What fundraiser generated this money? What will it be used for?  |                   |                           |                          | Receipt Amount |
| Date Rec'd: | Received From:   | Receipt / Ref No. | ASB Account Number & Name | Category or<br>Sub-Group |                |
|             | What fundraiser generated this money? What will it be used for?  |                   |                           |                          | Receipt Amount |
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|             | What fundraiser generated this money? What will it be used for?  |                   |                           |                          | Receipt Amount |
| Total De    | tal Deposit to Bank of America                                   |                   |                           |                          |                |

(Amount must match bank receipt)

Preparer's Signature

Principal's Signature

Please attach bank receipt – MANDATORY Optional: Cash Count Sheet, Record of Donation, Activity Income Statement, Copies of Checks, etc.