

GRISWOLD PARENTS CLUB

DEPOSIT REQUEST FORM FOR 2019-2020 SCHOOL YEAR

Date: _____

Depositor's Name: _____

Email / Phone Number (for questions): _____

Committee Name: _____

Depositing funds toward: _____

Additional notes / comments: _____

CHECKS:

Number of checks submitted: # _____

Total check amounts received: \$ _____

CASH:

Total cash amount received: \$ _____

# of \$20's	_____	=	_____.
# of \$10's	_____	=	_____.
# of \$5's	_____	=	_____.
# of \$1's	_____	=	_____.
# of Quarters	_____	=	_____.
# of Dimes	_____	=	_____.
# of Nickels	_____	=	_____.
# of Pennies	_____	=	_____.
TOTAL		=	_____.

TOTAL AMOUNT BEING DEPOSITED: \$ _____

Witness #1 Print & Signature: _____

Witness #2 Print & Signature: _____

**Please leave with the Main Office staff and email/text when dropped off.
Attention to: Alexis Guarino (860-384-1442) and/or Patty Devaux (203-980-3522)
Email: griswoldtreasurer@gmail.com**