St. Gabriel Consolidated School PTO
Bank Deposit Summary

Date of Deposit _____ Deposited By _____

First Name	Last Name	Memo (to Account)	Check #	Cash	Amount

Deposit Total: $_____

Please make the deposit and submit this form along with the PTO copy of the Deposit Slip to the PTO Treasurer - PTO Mailbox.

Deposited by: _____ Recorded in QuickBooks _____ by ____

SGCS Bank Deposit Summary Revised 07-08