



**Gustine Unified School District
GES ASB Deposit Slip**

Date: _____

Account Name and Number: _____

Source of Funds _____

*****Attach adding machine tape of all checks in this deposit.*****

of Checks _____ = \$ _____

Currency _____ X \$100 = \$ _____

_____ X \$ 50 = \$ _____

_____ X \$ 20 = \$ _____

_____ X \$ 10 = \$ _____

_____ X \$ 5 = \$ _____

_____ X \$ 1 = \$ _____

Total of Currency \$ _____

Coin _____ X \$ 1 = \$ _____

_____ X \$.50 = \$ _____

_____ X \$.25 = \$ _____

_____ X \$.10 = \$ _____

_____ X \$.05 = \$ _____

_____ X \$.01 = \$ _____

Total of Coin \$ _____

Total Deposited \$ _____

Signature of Treasurer: _____

Signature of Advisor: _____

.....
For Office Use Only Deposit # _____

Date verified and made to the bank: _____

Bookkeeper's Signature: _____

Date Posted to Ledger: _____ **By:** _____



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