La Grange Independent School District
Deposit Form

THIS SECTION IS FOR ADMIN OFFICE USE ONLY

BILLS:

$100 _____

$50 _____

$20 _____

$10 _____

$5 _____

$2 _____

$1 _____

COINS:

Rolled .25 _____

Rolled .10 _____

Rolled .05 _____

Rolled .01 _____

Dollar Coins: _____

Loose .50 _____

Loose .25 _____

Loose .10 _____

Loose .05 _____

Loose .01 _____

CHECK TOTAL: _____

DEPOSIT TOTAL: _____

CONFIRMED AMOUNT: _____

DEPOSIT PRESENTED BY: _____

SIGNATURE   DATE

_____

PRINTED NAME

DEPOSIT RECEIVED BY: _____

DATE

NOTE: For multiple Payors ATTACH LISTING (Name / CK# / Amount)

PAYOR	**ACCOUNT NAME**
CHECK NUMBER	**ACCOUNT NUMBER**
AMOUNT	**DETAILS / SOURCE OF DEPOSIT**

THIS SECTION IS FOR OFFICE USE ONLY:

DEP _____ REC _____ BC _____