



ST. MARY'S CATHOLIC SCHOOL

DEPOSIT FORM

Total Deposit _____ Account _____ Date _____ Preparer _____

| | Name | Cash | Check # | Amount | Reason For Deposit | Further Credit To |
|-----|---------------------------------|------|---------|--------|--------------------|-------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| | Total Cash/Check Amounts | | | | | |

Total Deposit _____