

PCS School Site Deposit Reconciliation Form

Site Name: _____

Program: _____

Account: _____

For what? Provide a detailed description of the deposit:

(i.e. Girls basketball ticket sales)

Checks	Quantity (# of Checks)	Sum of Checks
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	Total # of Checks	Total Sum of Checks

Required: Please include copies of all checks.

Include Adding Machine Tape of Checks, Bills, and Coins

Bills	Denomination	Quantity (# of Bills)	Sum of Bills
	\$100 x	_____	\$ _____
	\$50 x	_____	\$ _____
	\$20 x	_____	\$ _____
	\$10 x	_____	\$ _____
	\$5 x	_____	\$ _____
	\$2 x	_____	\$ _____
	\$1 x	_____	\$ _____
			\$ _____
		Total Sum of Bills	

Balance Totals

Checks = \$ _____

Bills = \$ _____

Coins = \$ _____

Final Total = \$ _____

Site Preparer: _____

Site Supervisor: _____

Cash should be counted under dual control at all times.

Coins	Coins Rolls	Loose
	\$1.00 \$ _____	\$ _____
	\$0.50 \$ _____	\$ _____
	\$0.25 \$ _____	\$ _____
	\$0.10 \$ _____	\$ _____
	\$0.05 \$ _____	\$ _____
	\$0.01 \$ _____	\$ _____
		\$ _____
	Total Sum of Coins	

For District Office Use Only

Counted under dual control by: _____

Reviewed by: _____