

PLEASANTON UNIFIED SCHOOL DISTRICT
Accounts Payable/Receivable Department

DEPOSIT FORM
(Please use one form per deposit)

Date: _____

Check/Cash received from: _____
Note: If the deposit is from multiple sources; leave blank

BREAKDOWN OF AMOUNTS

Cash Total: \$ _____

Check(s) Total: \$ _____ Number of checks: _____

TOTAL DEPOSIT AMOUNT: \$ _____

Must equal total amount of deposit

Reason for deposit: _____

Account Number(s) _____ Amount: \$ _____

Account Number(s) _____ Amount: \$ _____

Account Number(s) _____ Amount: \$ _____

If you have questions regarding account number, please call Accounting Department.

Your name: _____ Phone number: _____

Deposits received without form will be returned