



## GOSHEN ELEMENTARY SCHOOL PTO Deposit Summary Form

101 District Drive  
Edwardsville, IL 62025  
Phone: (618) 655-6250  
Fax: (618) 659-9960  
[www.ecusd7.org/goshen](http://www.ecusd7.org/goshen)

For PTO Use Only:

Date of Deposit: \_\_\_\_\_

Date Reconciled: \_\_\_\_\_

Deposit Date \_\_\_\_\_ Deposit Amount \_\_\_\_\_

Deposited by: \_\_\_\_\_ Verified by: \_\_\_\_\_

Deposit Description \_\_\_\_\_ Amount: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Deposit Description \_\_\_\_\_ Amount: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Deposit Description \_\_\_\_\_ Amount: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Deposit Description \_\_\_\_\_ Amount: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Deposit Description \_\_\_\_\_ Amount: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Deposit Description \_\_\_\_\_ Amount: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Total Deposited: \_\_\_\_\_

Total Cash: \_\_\_\_\_ Total Checks: \_\_\_\_\_

Speical Notes: \_\_\_\_\_

PTO Approval:

1) \_\_\_\_\_ Date Approved: \_\_\_\_\_

2) \_\_\_\_\_ Date Approved: \_\_\_\_\_

**IMPORTANT:**

- 1) Please attach copies of deposit receipts.
- 2) Checks must be stamped FOR DEPOSIT and made payable to Goshen Elementary PTO.