

#10

Pittsfield Elementary School  
34 Bow Street  
Pittsfield, NH 03263

DEPOSIT SLIP

1. Please list remittances, as indicated below, and attach to this form.
2. Upon completion, please submit to Leslie Blake who is responsible for actual banking transactions.

ACCOUNT NAME \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Your Name

MONIES RECEIVED

CASH/COIN	AMOUNT CASH OR CHECK Please indicate Check no. & Name	REASON FOR PAYMENT (I.E. FUNDRAISER, FIELD TRIP,)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

TOTAL: \_\_\_\_\_

.....  
OFFICE USE ONLY

Date Deposited \_\_\_\_\_  
Deposit Verified by Northway Bank  
Total Received \_\_\_\_\_  
Account Credited \_\_\_\_\_