

CHS BOOSTER DEPOSIT VOUCHER

TO ACCOMPANY ALL DEPOSITS TO YOUR BOOSTER ACCOUNT

*Coaches: Please complete and forward to the Athletic Director for processing
**Booster Volunteers: Please complete and forward to the Appropriate Coach or Committee
Chair for processing

Budget Category/Categories: S	Submitted by:					
Name of Account	Date:	mail:				
Name of Account	Sport or Committ	ee Name:_				
Name of Account	Budget Category	/Categories	:			
Name of Account				\$		
Name of Account	Name of Accou	unt				
Bills # Amount \$100 \$50 \$50 \$20 \$10 \$5 \$2 \$1 Total Coins # Amount Dollar 50 Cent Quarters Dimes Nickels Pennies Total Total	Name of Acco	ount		Ψ		
\$100 \$50 \$20 \$10 \$5 \$5 \$2 \$1 Total Coins # Amount Dollar 50 Cent Quarters Dimes Nickels Pennies Total		sure that th	ere are always 2 peo	ple co	unting cash to protect the relia	bility
\$50 \$20 \$10 \$5 \$5 \$2 \$1 Total Coins # Amount Dollar 50 Cent Quarters Dimes Nickels Pennies Total	Bills	#	Amount			
\$20 \$10 \$5 \$2 \$1 Total Coins # Amount Dollar 50 Cent Quarters Dimes Nickels Pennies Total	\$100					
\$10 \$5 \$2 \$1 Total Coins # Amount Dollar 50 Cent Quarters Dimes Nickels Pennies Total	\$50					
\$5 \$2 \$1 Total Coins # Amount Dollar 50 Cent Quarters Dimes Nickels Pennies Total	\$20					
\$2 \$1 Total Coins # Amount Dollar 50 Cent Quarters Dimes Nickels Pennies Total	\$10					
\$1 Total Coins # Amount Dollar 50 Cent Quarters Dimes Nickels Pennies Total						
Total Coins # Amount Dollar 50 Cent Quarters Dimes Nickels Pennies Total						
Coins # Amount Dollar 50 Cent Quarters Dimes Nickels Pennies Total	\$1					
Dollar 50 Cent Quarters Dimes Nickels Pennies Total						
50 Cent Quarters Dimes Nickels Pennies Total		#	Amount			
Quarters Dimes Nickels Pennies Total						
Dimes Nickels Pennies Total	50 Cent					
Nickels Pennies Total	Quarters					
Pennies Total						
Total						
Total Cash: \$	Total					
					Total Cash: \$	
	List Checks Belo	w or Attacl	n Spreadsheet #		Total Checks: \$	

Total # of Checks

Check #	Name	Amount
	Total Checks:	
Signature of Coach or Booster Volunte	eer	Date:
Signature of Athletic Director or Comr	nittee Chair	Date: