

McFarland School District Money Reconciliation Form

Please Print Name _____

Signature _____

Date (Required): _____

School _____

Deposit into Account # _____

Deposit Description _____

# _____	\$1.00 Bills = _____
# _____	\$5.00 Bills = _____
# _____	\$10.00 Bills = _____
# _____	\$20.00 Bills = _____
# _____	\$50.00 Bills = _____

Total Currency \$ _____

Total Coins \$ _____

Total Checks \$ _____

TOTAL DEPOSIT \$ _____