



**Wellington Ogunquit CSD
Deposit Slip**

Date _____

School _____

Account No. _____

Account Name _____

Purpose/Activity Involved:

CHECKS <u>Last Name</u>	<u>Check No.</u>	<u>Amt</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

CHECKS <u>Last Name</u>	<u>Check No.</u>	<u>Amt</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHECKS Total _____
 CURRENCY Total _____
 COIN Total _____

TOTAL DEPOSIT _____

Counted By Signature _____

Verified By Signature _____

For Central Office Use Only:		
Verified & Counted		
<u>Name</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____