

## Deposit Notice

Limerick Elementary Home & School League  
81 Limerick Center Rd  
Limerick, PA 19468  
Approved 9/17/2025

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Budget Category: \_\_\_\_\_

Complete the following information for your deposit. Please include a spreadsheet listing individual payments or transactions collected if applicable.

Check # \_\_\_\_\_ Name \_\_\_\_\_ Amount \_\_\_\_\_

Mobile Transfer Total \$ \_\_\_\_\_

Item \_\_\_\_\_ Quantity \_\_\_\_\_ x Cost per item after fees \_\_\_\_\_ = \_\_\_\_\_

Item \_\_\_\_\_ Quantity \_\_\_\_\_ x Cost per item after fees \_\_\_\_\_ = \_\_\_\_\_

Item \_\_\_\_\_ Quantity \_\_\_\_\_ x Cost per item after fees \_\_\_\_\_ = \_\_\_\_\_

Item \_\_\_\_\_ Quantity \_\_\_\_\_ x Cost per item after fees \_\_\_\_\_ = \_\_\_\_\_

Cash

Coin

\$100 x \_\_\_\_\_ = \_\_\_\_\_

\$0.25 x \_\_\_\_\_ = \_\_\_\_\_

\$50 x \_\_\_\_\_ = \_\_\_\_\_

\$0.10 x \_\_\_\_\_ = \_\_\_\_\_

\$20 x \_\_\_\_\_ = \_\_\_\_\_

\$0.05 x \_\_\_\_\_ = \_\_\_\_\_

\$10 x \_\_\_\_\_ = \_\_\_\_\_

\$0.01 x \_\_\_\_\_ = \_\_\_\_\_

\$ 5 x \_\_\_\_\_ = \_\_\_\_\_

\$ 1 x \_\_\_\_\_ = \_\_\_\_\_

Total Cash and Coin \$ \_\_\_\_\_

Amounts verified by (co-chairs): \_\_\_\_\_

Accepted by (Treasurer): \_\_\_\_\_

Date \_\_\_\_\_

Deposit date (Treasurer): \_\_\_\_\_