



Liberty County Treasurer's Office Deposit Record

Treasurer's Office Use Only:		
Date Received: _____	Received By: _____	Receipt #: _____

*Please complete in blue or black ink. Any corrections must be initialed.
Use one form for each GL account number being deposited.*

Daily/Weekly/Semi-Monthly Reports – use one form for entire deposit.

If deposit contains cash, denote amount of each type of bill in the space provided, if amount is zero, write zero.

To be completed by depositor

Department: _____

Account Description/Purpose: _____

GL # _____ - _____ - _____

Total Amount of Deposit: \$ _____

Breakdown of Deposit

Check Applicable:

Combination Cash and Check
 Cash Only
 Check(s) Only
 EFT

Cash:

100's	_____
50's	_____
20's	_____
10's	_____
5's	_____
1's	_____

Coins:

Dollars	_____
Half-Dollars	_____
Quarters	_____
Dimes	_____
Nickels	_____
Pennies	_____

Cash Total: _____

Number of Checks: _____

Checks Total: _____

Date Prepared: _____

Prepared by: _____

Date Deposited: _____

Deposited by: _____

**If the person actually making the deposit and the person preparing the deposit are not the same individual, signatures from both parties are required.*