

**St. Gabriel Home & School Association
Record of Deposits and/ or Disbursements**

This form must be completed for all check requests and deposits.

For Treasurer Use Only: Check #: _____ Deposit Amt: _____ Date: _____

Person Submitting Form:	Phone:
Date:	Email:

Check Request:

Staple all receipts/ billing statements to this form.

Payable To:
Amount:
Event (ex: auction):
Approval: _____ <i>Home and School President signature</i>
Date: _____

Deposit:

Event: _____
Cash: _____ Coins: _____ Checks: _____
Total Amount: _____