

Penn Valley HSA
Record of Deposit

Event/Fundraiser: _____ Date: _____

Committee Chair: _____

Amount of Deposit:

\$	(Checks) #:
\$	(Currency)
\$	(Coins)
\$	Total Deposit

Submitted by: (please print):

Signature of above:

To be completed by H.S.A. Treasurer or Board Member

Verification:

\$	(Checks) # of checks
\$	(Currency)
\$	(Coins)
\$	Total Deposit

Verified by:

Date:

Treasurer: Attach Deposit Slip and Deposit Receipt

Submit to Kim Lichtenstein pennvalleytreasurer@gmail.com (610) 715-8680
230 Ardleigh Rd, Penn Valley, PA 19072