

Check #	Check Date	Initials	Post Date	Initials	Remarks
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Robinson Band and Orchestra Parent Organization



<input type="checkbox"/> Check Request <input type="checkbox"/> Debit Card Use <input type="checkbox"/> Receipt Transmittal <i>Route To:</i> Check- writing Treasurer _____	<input type="checkbox"/> Deposit Request <i>Route To:</i> Depositing Treasurer _____
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Complete this section for any expense or deposit: (Please do not mix an expense and a deposit on one form.)

1. Date of Purchase/Work Performed/Collection Activity _____ **2. Amount** _____

3. Designate a Specific Account: (Ex.--Misc., Uniforms, Music, Camps, Tag Day, etc.)

High School Band _____ Marching Band _____ Jazz _____

Orchestra _____ Middle School Band _____ RBOPO _____

Fundraiser _____ Other _____

MS Camp _____ S Strings Camp _____ MB Camp _____

4. Description of Purchase/Work Performed/Deposit _____

5. Submitted by _____
Name Address Phone Email

Check Request/Debit Card Detail			
VENDOR/PAYEE: _____		Tax ID/SS# _____ (Employees Only)	
Address _____			
Street	City	State	Zip Phone
Mail Preferences:		Receipt/Invoice Attached? Check one: Yes ___ No ___	
<input type="checkbox"/> Urgent: Due Date _____ **	**If no receipt, please explain _____		
<input type="checkbox"/> Regular Mail	Invoice Number _____		
<input type="checkbox"/> Return to Requestor (Instructions/address) _____			
<input type="checkbox"/> Other _____			
**Note: Two week notice is preferred for all check requests. Checks will be written on the 1st and 15th of each month.			

		Deposit Detail			
Amount	X	Number of Bills/Checks	=	Total \$ Amount	For Acctg. Use Only
\$20	X		=		
\$10	X		=		
\$5	X		=		
\$1	X		=		
COINS		-----			
Subtotal Cash					
Checks					
Total Deposit		**Please attach tape to include all checks, total cash and total deposit. **			

Counted By _____ Received By _____ Date _____