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|---------|------------|----------|-----------|----------|---------|
| Check # | Check Date | Initials | Post Date | Initials | Remarks |
|---------|------------|----------|-----------|----------|---------|



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 _____ |
|---|--|

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 _____