Billings Public Schools
Deposit Slip No:_____

School / Department _____ Date _____

Vendor/Account Name _____

Deposit Description _____

A/R Customer No _____

****

Currency $_____

Total Coin $_____

Checks $_____

Total $_____ 0.00

Budget Code _____ $_____

Budget Code _____ $_____

Budget Code _____ $_____

Budget Code _____ $_____

Deposit submitted by: _____
Signature

Return Receipt to: _____