



# Liberty County Treasurer's Office Deposit Record

Treasurer's Office Use Only:		
Date Received: _____	Received By: _____	Receipt #: _____

*Please complete in blue or black ink. Any corrections must be initialed.  
Use one form for each GL account number being deposited.*

*Daily/Weekly/Semi-Monthly Reports – use one form for entire deposit.*

*If deposit contains cash, denote amount of each type of bill in the space provided, if amount is zero, write zero.*

**To be completed by depositor.**

Account Description/Purpose: \_\_\_\_\_

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Total Amount of Deposit: \$ \_\_\_\_\_

*Breakdown of Deposit*

Check Applicable:       Combination Cash and Check       Cash Only       Check(s) Only

Cash:	100's _____	Coins:	Dollars _____
	50's _____		Half-Dollars _____
	20's _____		Quarters _____
	10's _____		Dimes _____
	5's _____		Nickels _____
	1's _____		Pennies _____

Cash Total: \$ \_\_\_\_\_

Checks:    Number of Checks \_\_\_\_\_

Checks Total: \$ \_\_\_\_\_

Date Prepared: \_\_\_\_\_      Prepared By\*: \_\_\_\_\_

Date Deposited: \_\_\_\_\_      Deposited By\*: \_\_\_\_\_

*\*If the person actually making the deposit and the person preparing the deposit are not the same individual, signatures from both parties are required.*