

Personal Information

Name: _____

Phone: _____

Address: _____

Date: _____

Cash Receipts Yes
 Secure in Office? No

Account Information

Fundraiser / Project: _____

Cash			
\$ _____	x _____	=	_____
\$ _____	x _____	=	_____
\$ 20.00	x _____	=	_____
\$ 10.00	x _____	=	_____
\$ 5.00	x _____	=	_____
\$ 1.00	x _____	=	_____
\$ 0.50	x _____	=	_____
\$ 0.25	x _____	=	_____
\$ 0.10	x _____	=	_____
\$ 0.05	x _____	=	_____
\$ 0.01	x _____	=	_____
Total Cash		\$	_____ . _____

Checks	
Number of Checks:	_____
Total Checks	\$ _____ . _____

Checks	
Number of Checks:	_____
Total Checks	\$ _____ . _____

Total Deposit \$ _____ . _____

PTO / Committee Chair

Date: _____

Counted By: _____

Verified By: _____

President, Co-President, Committee Chair, Committee Co-Chair

PTO Treasurer

Received: _____

Transaction ID#: _____

Account #: _____