



FUNDS RECEIVED FORM

Date:

Total Funds received: \$

Activity/Event:

Checks: \$

Budget Category:

Coins: \$

Committee Chair:

Currency: \$

Denomination	Count	Total
Checks		
Bills \$1		
Bills \$2		
Bills \$5		
Bills \$10		
Bills \$20		
Bills \$50		
Bills \$100		

Coins	Count	Total
\$.01		
\$.05		
\$.10		
\$.25		
\$.50		
\$1.00		

The undersigned certify that the funds shown above were received for PTA activities and properly accounted for in accordance with the PTA Money Management Policy, and are to be credited to the appropriate PTA account as noted.

Signature of Counter _____ Date _____

Signature of Counter/Witness _____ Date _____

Committee Chair Signature _____ Date _____

Funds Forwarded to Treasurer on _____ By _____

FOR TREASURER'S USE ONLY:

Amount received: \$ _____ Date amount received: _____

Budget item(s) credited: _____

Comments: _____

Treasurer's signature: _____