

DAVIDSEN MIDDLE SCHOOL PTSA STATEMENT OF RECEIPTS

EVENT/FUNDRAISER _____

DATE: _____

COUNTED BY: (MONIES SHOULD ALWAYS BE COUNTED BY TWO PEOPLE)

Signature: _____

Initials: _____

Signature: _____

Initials: _____

CURRENCY				CHECKS							
Denomination	# Counted	Amount of Deposit	√	Check #	Name	Amount	√	Check #	Name	Amount	√
\$ 0.01											
\$ 0.05											
\$ 0.10											
\$ 0.25											
\$ 1.00											
\$ 2.00											
\$ 5.00											
\$ 10.00											
\$ 20.00											
\$ 50.00											
\$ 100.00											
	TOTAL				TOTAL				TOTAL		

√ : 2nd counter to verify with a check next to each line

Indicate funds to which receipts are to be credited:

Account	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Coin: \$ _____
 Total Bills: \$ _____
 Total Checks: \$ _____
Total Deposit: \$ _____

For Treasurer Use Only

Treasurer's Signature _____ Date Recounted _____

Date Deposited _____

Date recorded in ledger _____

*Is this part of a larger deposit? Yes No

If yes, total of deposit to bank _____

THE ORIGINAL STATEMENT OF RECEIPTS MUST ALWAYS ACCOMPANY THE MONIES
TURNED OVER TO THE TREASURER FOR DEPOSIT AND IS TO BE RETAINED FOR AUDIT PURPOSES

A COPY OF THIS STATEMENT OF RECEIPTS IS TO BE RETAINED IN THE CHAIRPERSON'S BOOKS