



To be completed by the Treasurer:

Check: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Verified: \_\_\_\_\_

## Cash Accountability Sheet

Payee: \_\_\_\_\_

Fund: \_\_\_\_\_

Purpose: \_\_\_\_\_

*List expenditures and attach receipts:*

DATE	ITEMS OR SERVICE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Expenditures: \_\_\_\_\_

Remarks:

I certify that the above expenditures are accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_