PTO CASH RECEIPT FORM

Date Cash Collected: _____
Budget Category: _____
Name of Activity: _____
Amount of Deposit: _____

Cash Counted by: _____

(requires two signatures) _____

☐ **Copied form attached to committee record**
☐ **Original form & cash dropped in safe**
☐ **Signed safe log**

Deposit Details:

	#	Amount	Name on Check:	Amount
Ones		**$**		**$**
Fives		**$**		**$**
Tens		**$**		**$**
Twenties		**$**		**$**
Fifties		**$**		**$**
Hundreds		**$**		**$**
Total bills:		**$**		**$**
Pennies		**$**		**$**
Nickels		**$**		**$**
Dimes		**$**		**$**
Quarters		**$**		**$**
Half-dollars		**$**		**$**
Dollars		**$**		**$**
Total coins:		**$**		**$**
Grand total cash:		**$**		**$**
			Total checks:	**$**

Safe Auditor: _____

Date Safe deposit prepared: _____

Form with bank receipt attached: ☐ **Copy to Treasurer** ☐ **Original to PTO file**