



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