

PTA CASH VERIFICATION FORM

Event: _____ Date: _____

Event Chair: _____ Phone: _____

Form submitted by (if different than Event Chairperson): _____

CHECKS #of checks _____ Total Amount of Checks \$ _____

Use the reverse side of the form to itemize all checks and transfer your totals above.

GIFT CARD/CERTIFICATE/PRE-PAID CARD #of Cards _____ Total Value \$ _____

Use Gift Card Record Sheet to keep track of all Gift Cards, etc.

When receiving gift cards fill in lines above to record in the Treasurer's Report.

CASH/PayPal Deposit: Total PayPal\$ _____ Total Amount Cash\$ _____

Write sum of **Total PayPal** deposits on PayPal line above.

Write the sum of the **Total Bills** and the **Total Coins** in the **Total Cash** line above.

Type of Bill	#	Amount	Type of Coin	#	Amount	PayPal Deposits	Gift/Certificate/ Prepaid Cards
\$100.00		\$.	Dollar		\$.	\$.	\$.
\$50.00		\$.	Half-dollar		\$.	\$.	\$.
\$20.00		\$.	Quarter		\$.	\$.	\$.
\$10.00		\$.	Dime		\$.	\$.	\$.
\$5.00		\$.	Nickel		\$.	\$.	\$.
\$2.00		\$.	Penny		\$.	\$.	\$.
\$1.00		\$.	TOTAL		\$.	\$.	\$.
TOTAL		\$.					

TOTAL DEPOSIT \$ _____

Write the sum of the **Total Checks**, **Total Gift Cards** and the **Total Cash** in the **Total Deposit** line above.

Counter's Signature: _____ Date: _____
(Print and Sign)

Counter's Signature: _____ Date: _____
(Print and Sign)

Treasurer's Signature: _____ Date: _____
(Print and Sign)

Free State PTA financial policy requires that at least two (2) people are responsible for counting money at the end of each event.

1. At least one counter **must** be a PTA Board Member, but not necessarily the Chairperson of the event.
2. Each counter and the event chairperson should keep a copy of this signed form for his/her records.
3. At no time should PTA funds be taken home by a volunteer.
4. Money should be counted immediately at the close of each event and transferred into the Treasurer 's custody.

THE TREASURER SHOULD NOT RECEIVE MONEY THAT IS NOT ACCOMPANIED BY THIS FORM, COMPLETED IN ITS ENTIRETY.

	Last Name	Check #	Amount		Last Name	Check #	Amount
1			\$.	41			\$.
2			\$.	42			\$.
3			\$.	43			\$.
4			\$.	44			\$.
5			\$.	45			\$.
6			\$.	46			\$.
7			\$.	47			\$.
8			\$.	48			\$.
9			\$.	49			\$.
10			\$.	50			\$.
11			\$.	51			\$.
12			\$.	52			\$.
13			\$.	53			\$.
14			\$.	54			\$.
15			\$.	55			\$.
16			\$.	56			\$.
17			\$.	57			\$.
18			\$.	58			\$.
19			\$.	59			\$.
20			\$.	60			\$.
21			\$.	61			\$.
22			\$.	62			\$.
23			\$.	63			\$.
24			\$.	64			\$.
25			\$.	65			\$.
26			\$.	66			\$.
27			\$.	67			\$.
28			\$.	68			\$.
29			\$.	69			\$.
30			\$.	70			\$.
31			\$.	71			\$.
32			\$.	72			\$.
33			\$.	73			\$.
34			\$.	74			\$.
35			\$.	75			\$.

of checks _____

Total Checks \$ _____

Write this total on front page on the **Total Amount of Checks** line