

Green Hope High School PTSA

FUNDS RECEIVED FORM

Date: _____ Committee: _____

Submitted By: _____ Phone: _____

Event: _____

Budget category: _____

<i>CURRENCY (Bills)</i>	<i>Number</i>	<i>Amount</i>
Ones		\$
Fives		\$
Tens		\$
Twenties		\$
Other		\$
	Total CURRENCY:	\$

<i>CHANGE (wraps not needed)</i>	<i>Number</i>	<i>Amount</i>
Pennies		\$
Nickels		\$
Dimes		\$
Quarters		\$
Other		\$
	Total CHANGE:	\$

Total CHECKS:	\$
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DEPOSIT TOTAL:	\$
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- **Submit one copy of this form with the deposit to the treasurer.**
- **Keep one copy of this form for the committee's records.**
- **Two counters are required.**
- **Contact Treasurer, Savita Sharma at (225)266-9350 (savandsri@gmail.com) to coordinate deposit verification and pick-up.**

Printed Name & Phone of 1st Counter

Signature of 1st Counter

Printed Name & Phone of 2nd Counter

Signature of 2nd Counter

Signature of PTSA Treasurer

Date Deposit Received

Audit Committee Reviewed/Approved by initials: _____ *Date:* _____