

CASH RECEIPTS DOCUMENT

Akron PTA Name of Activity / Event _____

Date of Activity / Event _____ Date of this document _____

Startup amount \$ _____

We have counted the receipts for the above activity or event and verify the total amount as being

\$ _____

Printed Name _____ Printed Name _____

Signature _____ Signature _____

Please check one:

- Receipts turned over to the Treasure
- Receipts held over, in custody of _____
- Other _____

This document is to be given to the Treasurer

Treasurer's Signature _____

Any questions, please contact: Kim Robinson / 516-639-7541 / kim.akronpta@gmail.com

----- WORKSPACE -----

CURRENCY	QUANTITY	AMOUNT
Total Checks		
Twenties		
Tens		
Fives		
Ones		
Quarters		
Dimes		
Nickels		
Pennies		
Other		
TOTAL		\$