

Cash Count Form

Ell-Saline Elementary CPTA

YOUR NAME:	PHONE: () -
PROJECT/CATEGORY:	
DATE SUBMITTED: / /	TOTAL AMOUNT: \$
SPECIFIC DESCRIPTION OF SOURCE: (e.g. payments for ice cream)	

Complete the following information for your deposit:

CASH	QUANTITY	TOTAL	CHECK NUMBER	CHECK AMOUNT
\$20.00		\$		
\$10.00		\$		
\$5.00		\$		
\$1.00		\$		
\$0.25		\$		
\$0.10		\$		
\$0.05		\$		
\$0.01		\$		
TOTAL CASH: \$			TOTAL CHECKS: \$	

Signature

Signature

Accepted by (CPTA Treasurer) _____

For Treasurer's Use Only

Category _____ Transaction ID _____ Deposit Date _____ Logged _____