



INCOME RECEIPT



TOTAL AMOUNT: _____ **Date:** _____

Event Name: _____
(Please complete one receipt per deposit/event)

Committee chairperson collecting the funds:

Committee chairperson phone number: _____

PTA committee: _____

Monies Collected

Coin/Change Total: _____

One Dollars: _____ x 1 = \$ _____

Five Dollars: _____ x 5 = \$ _____

Ten Dollars: _____ x 10 = \$ _____

Twenty Dollars: _____ x 20 = \$ _____

Fifty Dollars: _____ x 50 = \$ _____

Hundred Dollars: _____ x 100 = \$ _____

Total Dollars: _____

Total Checks: _____

TOTAL AMOUNT: _____

PTA committee chairperson (verifying the amount submitted to the treasurer):

Signature: _____

For Treasurer's use: Code: _____

Discrepancies, if any: _____ Date: _____

Explanation: _____