

CKMS PTA 1.3.35 INCOME RECEIPT

Please put cash and or checks with this form in a sealed envelope and give directly to Treasurer or place in locked mailbox in CKMS Office.

everychild.one voice.								
Name: C					Committee:			
Phone:					Date Submitted:			
Cash Tally				Coin Tally		oin Tally	Checks	
x \$100.00 =	\$		x 1.00 =		=	\$		
x \$50.00 =	\$		x 0.50 =		=	\$		
x \$20.00 =	\$		x 0.25 =		=	\$		
x \$10.00 =	\$		x 0.10 =		=	\$	LIST CHECKS ON BAC	
x \$5.00 =	\$		x 0.05 =		=	\$		
x \$1.00 =	\$		x 0.01 =		=	\$		
Total Cash:	\$		Total Coin:			\$		
Cash:		\$			Remarks:			
Coin:		\$						
Total Check Amount:		\$						
Total amount submitted: \$		\$						
Name(s) and Signat	ure (s) of per	son(s) su	ıbmittir	ng monie	s:			
1.								
2.								
*******	*****	*****	For Tre	asurer us	se o	only below line******	******	
					Budget Category:			
Date of Deposit:				Treasur	Treasurer Signature:			