



Income Receipt

Date: _____

TOTAL AMOUNT: \$ _____

Event Name: _____

(Please complete one receipt per deposit/event)

Committee chairperson collecting the funds: _____

Committee chairperson phone number: _____

Monies Collected:

Coin/Change Total: \$ _____

One Dollar: _____ X 1 = \$ _____

Five Dollars: _____ X 5 = \$ _____

Ten Dollars: _____ X 10 = \$ _____

Twenty Dollars: _____ X 20 = \$ _____

Fifty Dollars: _____ X 50 = \$ _____

Hundred Dollars: _____ X 100 = \$ _____

Total Cash: \$ _____

Total Check: \$ _____

Number of Checks: _____

TOTAL AMOUNT: \$ _____

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

Signature: _____

For Treasurer's Use Only

Discrepancies, if any: _____ Date: _____

Explanation: _____