CASHIER & DEPOSIT REPORT

Volunteer's Name:		
Email Address:	Phone:	
PTO Event / Activity:	Date of Event:	
Date Submitted:	Total Amount:	
Description of Deposit:	·	

STARTING CASH					
Cash	Quantity		Total		
\$20.00			\$		
\$10.00			\$		
\$5.00			\$		
\$1.00			\$		
\$0.25			\$		
\$0.10			\$		
\$0.05			\$		
\$0.01			\$		
Total Amt of	Cash		\$		
NOTE: Any money added or taken from the cash box should be recorded below. Do not include even change-making transactions. (Example: Treasurer replaces a twenty with 20 ones.)					
□ Add □ Subtract		Signature			
\$		Signature			
□ Add □ Subtract		Signature			
\$		Signature			
Signature of PTO Officer Providing Cash Box:					
Signature of Cashier Accepting Cash Box:					

ENDING CASH / DEPOSIT AMT					
Cash	Quantity	Total			
\$20.00		\$			
\$10.00		\$			
\$5.00		\$			
\$1.00		\$			
\$0.25		\$			
\$0.10		\$			
\$0.05		\$			
\$0.01		\$			
Starting Cash Amt		\$			
Total Amt of Cash		\$			
Total of Amt of Checks		\$			
Total Deposit		\$			
Verification of Counter #1					
Verification of Counter #2					

Accepted in School Office (Signature):	Date:
Accepted by PTO Treasurer (Signature):	Date:

Treasurer's Use Only: Line Item # ______ Deposit Date: _____