

ABC SUPPORT ORGANIZATION
COLLECTION DOCUMENT

Name of Parent Collecting (Print) _____ Page _____ of _____

DATE OF COLLECTION _____ EVENT / PURPOSE _____

Name		Cash	Check	Ck #	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Total Amount Collected on this page: \$ _____

(Signature of Person Collecting fund) _____

-----DO NOT WRITE BELOW THIS LINE-----

Total Amount verified & receipted: \$ _____

Treasurer's signature: _____

Date Money was received by Treasurer _____ Receipt # _____

Document should be retained for review and attached to the deposit information