RECORD OF FUNDS DEPOSITED

The top of this form is to be completed by Money Taker, Please STOP @ -/-/-/-/-/

Funds Received @ ______________________________ **SCHOOL**

Date: ______________ **Event:** ________________ **Starter: $** ______________

Checks $ ________ **Hundreds $** ________ **Fifties $** ________ **Twenties $** ________

Tens $ ______________ **Fives $** ______________ **Ones $** ______________

Pennies $ ________ **Nickels $** ________ **Dimes $** ________ **Quarters $** ________

50 cents $ ________ **Gold $1.00** ________ **Other $** ________ **Total Coin $** ________

Total Checks $ ______________

Total Currency $ ______________

Total of ALL $ ______________

Less Starter $ - ______________

Total Sales Amount LESS the Starter: $ ______________________

Signature of Money Taker: ______________________ **Verified? Yes No**

-/

This part is to be completed by Depositor @ Dist. Office

Starter $ ________ **Checks $** ________ **Hundreds $** ________ **Fifties $** ________

Twenties $ ________ **Tens $** ________ **Fives $** ________ **Ones $** ________

Pennies $ ________ **Nickels $** ________ **Dimes $** ________ **Quarters $** ________

50 cents $ ________ **Gold $1.00** ________ **Is there a discrepancy: Yes No**

Other: ______________ **Note:** ______________________________

Total Coin $ ______________ **Receipt #** ______________

Total Checks $ ______________ **Account Name:** ______________

Total Currency $ ______________ **Taxes if apply:** ______________

Total in Cash Box $ ________ **Less Starter $** ________ **Total Sales Amount $** ______ - ____

Signature of Depositor @ Dist. Office: ______________________ **Verified? Yes No**

White copy stays @ the school - Yellow copy goes to Dist. Office