

Granby PTO

CASH RECEIPT VOUCHER

Fundraiser/Activity: _____
Date: _____ **School (if applicable):** _____
Person(s) Counting Money: _____
Counter's Signature: _____

This form is for verification purposes only. Please complete the following information, using **TOTAL AMOUNTS IN ALL AREAS.**

_____	x	\$100.00	=	\$_____
_____	x	\$50.00	=	\$_____
_____	x	\$20.00	=	\$_____
_____	x	\$10.00	=	\$_____
_____	x	\$5.00	=	\$_____
_____	x	\$1.00	=	\$_____
Total All Cash			=	\$_____
Total All Coins (See box below)			=	\$_____
Total All Checks			=	\$_____
TOTAL				\$_____**

Treasurer's Verification \$_____**

SHORT/BALANCED/OVER
(circle one)

Treasurer's Signature _____

Amount (if short/over): \$_____

Date Verified:_____ Date Deposited:_____

Comments:

TOTAL ALL COINS

_____ Dollars	x	1.00 = \$_____
_____ Halves	x	0.50 = \$_____
_____ Quarters	x	0.25 = \$_____
_____ Dimes	x	0.10 = \$_____
_____ Nickels	x	0.05 = \$_____
_____ Pennies	x	0.01 = \$_____