

Laurel Mountain PTA Itemized Receipt Form

(To be used when giving funds to Treasurer)

Revised 8/11

Date: ____ / ____ / ____

Account to be Credited: _____

(Event or program name)

Committee Chairman: _____ Phone: _____

Person completing form: _____ Phone: _____

(If different from Committee Chair)

Coins	Number	Amount
Penny		\$
Nickel		\$
Dime		\$
Quarter		\$
Half Dollar		\$
Dollar		\$
Total Coins		\$

Currency	Number	Amount
One		\$
Two		\$
Five		\$
Ten		\$
Twenty		\$
Fifty		\$
Hundred		\$
TOTAL Currency		\$

Check No.	Check Amt	From	Check No.	Check Amt	From
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	

If more space needed, please list additional check information on back of form

Total Checks \$ _____ Total No. Checks: _____

Total Coins and Currency \$ _____

Total Deposit \$ _____

Counter's Signature _____

Counter's Signature _____ Date _____

Received by Treasurer _____ Date _____

To be completed by Treasurer:

Deposit Date: _____

