## Itemized Receipt Form (To be used when giving funds to Treasurer)

Event		Date	Date	
Chairman		Phone No		
Person completing f	orm	Phone No		
(Please make sure that t	here are alwa	ys 2 people counting m	noney to protect the reliability of the count)	
Total of checks (	attached lis	st)	\$	
B:11				
Bills	#	Amount		
\$100				
\$50				
\$20				
\$10				
\$5 ***				
\$2				
\$1 Total				
Total				
		Total Bills	s \$	
Coins	#	Amount		
Dollar				
50 Cent				
Quarters				
Dimes				
Nickels				
Pennies				
Total				
		Total Coi	ns \$	
			Total Cash \$	
			Total Deposit \$	
Counter's Signature				
Counter's Signature			Date	
Received by Treasur	rer		Date	

(Attached Deposit Receipt to the Form- ONLY one event per deposit)

Name	Check #	Amount

TOTAL CHECKS (please record on page one)