

CASH VERIFICATION FORM

Date:	Activity:
Chairperson:	
Budget Category:	

Coins

_____ x 0.01 = _____

_____ x 0.05 = _____

_____ x 0.10 = _____

_____ x 0.25 = _____

_____ x 0.50 = _____

_____ x 1.00 = _____

Total 1 \$ _____

Currency

_____ x 1.00 = _____

_____ x 5.00 = _____

_____ x 10.00 = _____

_____ x 20.00 = _____

_____ x 50.00 = _____

_____ x 100.00 = _____

Total 2 \$ _____

Checks How many _____

Total 3 \$ _____

Cash Box Reimbursement

Total 4 \$ _____

Grand Total (Total 1 + Total 2 + Total 3 – Total 4)

\$ _____

Verification (signature of two counters) The undersigned certify these funds were received and properly accounted for.

Signature _____ **Signature** _____

Membership Dues Collection Only		
# _____	members @ \$ _____	= \$ _____ + donations \$ _____
Treasurer Use Only		
Amount Received _____	Date Received _____	Date Deposited _____
Treasurer's Signature _____		Date _____

