

# PTA CASH VERIFICATION FORM

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Event Chair: \_\_\_\_\_ Phone: \_\_\_\_\_

Form submitted by (if different than Event Chairperson): \_\_\_\_\_

**CHECKS** #of checks \_\_\_\_\_ Total Amount of Checks \$ \_\_\_\_\_

Use reverse side of form to itemize all checks and transfer your totals above.

**GIFT CARD/CERTIFICATE/PRE-PAID CARD** #of Cards \_\_\_\_\_ Total Value \$ \_\_\_\_\_

Use Gift Card Record Sheet to keep track of all Gift Cards, etc. When receiving gift cards fill in lines above to record in Treasurer's Report.

**CASH/PayPal Deposit: Total PayPal \$ \_\_\_\_\_ Total Amount Cash \$ \_\_\_\_\_**

Write sum of **Total PayPal** deposits on PayPal line above. Write the sum of the **Total Bills** and the **Total Coins** in the **Total Cash** line above.

Type of Bill	#	Amount	Type of Coin	#	Amount	PayPal Deposits	Gift/Certificate/ Prepaid Cards
\$100.00		\$ .	Dollar		\$ .	\$ .	\$ .
\$50.00		\$ .	Half-dollar		\$ .	\$ .	\$ .
\$20.00		\$ .	Quarter		\$ .	\$ .	\$ .
\$10.00		\$ .	Dime		\$ .	\$ .	\$ .
\$5.00		\$ .	Nickel		\$ .	\$ .	\$ .
\$2.00		\$ .	Penny		\$ .	\$ .	\$ .
\$1.00		\$ .	<b>TOTAL</b>		\$ .	\$ .	\$ .
<b>TOTAL</b>		\$ .					

**TOTAL DEPOSIT \$ \_\_\_\_\_**

Write the sum of the **Total Checks**, **Total Gift Cards** and the **Total Cash** in the **Total Deposit** line above.

Counter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print and Sign)

Counter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print and Sign)

Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print and Sign)

**Maryland PTA financial policy requires that at least two (2) people are responsible for counting money at the end of each event.**

1. At least one counter **must** be a PTA Board Member, but not necessarily the Chairperson of the event.
2. Each counter and the event chairperson should keep a copy of this signed form for his/her records.
3. At no time should PTA funds be taken home by a volunteer.
4. Money should be counted immediately at the close of each event and transferred into the Treasurer's custody.

**THE TREASURER SHOULD NOT RECEIVE MONEY THAT IS NOT ACCOMPANIED BY THIS FORM, COMPLETED IN ITS ENTIRETY.**

	Last Name	Check #	Amount		Last Name	Check #	Amount
1			\$ .	41			\$ .
2			\$ .	42			\$ .
3			\$ .	43			\$ .
4			\$ .	44			\$ .
5			\$ .	45			\$ .
6			\$ .	46			\$ .
7			\$ .	47			\$ .
8			\$ .	48			\$ .
9			\$ .	49			\$ .
10			\$ .	50			\$ .
11			\$ .	51			\$ .
12			\$ .	52			\$ .
13			\$ .	53			\$ .
14			\$ .	54			\$ .
15			\$ .	55			\$ .
16			\$ .	56			\$ .
17			\$ .	57			\$ .
18			\$ .	58			\$ .
19			\$ .	59			\$ .
20			\$ .	60			\$ .
21			\$ .	61			\$ .
22			\$ .	62			\$ .
23			\$ .	63			\$ .
24			\$ .	64			\$ .
25			\$ .	65			\$ .
26			\$ .	66			\$ .
27			\$ .	67			\$ .
28			\$ .	68			\$ .
29			\$ .	69			\$ .
30			\$ .	70			\$ .
31			\$ .	71			\$ .
32			\$ .	72			\$ .
33			\$ .	73			\$ .
34			\$ .	74			\$ .
35			\$ .	75			\$ .

# of checks \_\_\_\_\_

Total Checks \$ \_\_\_\_\_

Write this total on front page on the **Total Amount of Checks** line