Funds Verification Form

Date:_____ **Event/Activity:**_____ **Cashbox ID:**_____

Contact Name:_____ **Contact #:**_____

Description of Funds (i.e., payment for spirit wear…if multiple sources for payments please use separate forms to simplify tracking):_____

Verification of Starting Funds In Cashbox: (signature of the two counters) *The undersigned certify these funds were received and properly accounted for.*

Signature 1:_____ Signature 2:_____

Is starting cash all or part of Petty Cash Distribution? If part, list other cashbox ID's here:_____

Starting Cash (petty cash)	QTY	Starting Totals	Ending Cash	QTY	Ending Total	Net Cash Income
$20.00						
$10.00						
$5.00						
$1.00						
$0.25						
$0.10						
$0.05						
$0.01						
Starting Total:			Ending Total:			

	# of Checks	Total $ Amount Funds
Total Checks – See Attached Itemized List		
Total NET Funds Collected: (total collected minus starting cash)		
Starting Cash:		
Cashbox Total:		

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

Signature 1:_____ Signature 2:_____

Upon event completion, attach ALL reconciled cashbox Funds Verification Form(s) and Petty Cash Distribution form along with all funds to SAE PTO Safe for processing and deposit.

Accepted Signature:_____

Accepted Signature by PTO President, Vice President or Treasurer

Sweet Apple PTO, Inc
12025 Etris Road Roswell, Georgia 30075

Checks Received – Itemized List Section 1 of 3

Date	Check #	Payee	Amount	Memo

Checks Received – Itemized List Section 2 of 3

Date	Check #	Payee	Amount	Memo

Checks Received – Itemized List Section 3 of 3

Date	Check #	Payee	Amount	Memo