

BBH PSO Cash & Check Collection Form 2017-2018

PSO Unit: _____

Date: _____

Committee Name: _____

Total Amount: \$ _____ ******

Event or Description of Source: _____

Chairperson: _____ Phone #: _____

Cash Received via Event or Source:

	#			AMOUNT
\$100 x	_____	=		\$ _____
\$50 x	_____	=		\$ _____
\$20 x	_____	=		\$ _____
\$10 x	_____	=		\$ _____
\$ 5 x	_____	=		\$ _____
\$ 2 x	_____	=		\$ _____
\$ 1 x	_____	=		\$ _____
Coins	_____	=		\$ _____

TOTAL CASH** \$ _____ **A**

Checks Received via Event or Source:

Total Number of Checks*: _____

CHECK # & LAST NAME*

AMOUNT

_____				_____
_____				_____
_____				_____
_____				_____

(*Use and print spreadsheet if more than 5 checks)

TOTAL CHECKS \$ _____ **B**

Grand Total Submitted with Form: \$ _____ **(A+B)**

****Includes Cash Received per Cash Box Request: \$** _____

Amounts MUST be verified by 2 PSO MEMBERS - other than spouse or relative:

_____ (signature)

_____ (signature)

Treasurer's Use:

Received By: _____

Date Received: _____

Date Deposited _____

- Itemize all income on this form. Include cash you may have requested on a previous Cash Box Request.
- All cash & checks collected must be turned in **immediately**, along with this completed form, to your PSO Unit treasurer or locked in school officec.
- Cash receipts collected **can not** be used to pay for other expenses. Complete Check Request for reimbursement of expenses.
- 2 PSO members **MUST** count & verify cash &/or checks.