



Northern Guilford High School

PTSA

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Funds Received Statement

Activity for which funds were received: _____ Date: _____

Budget Line to be credited: _____

Was there a cash box for activity: **YES** or **NO** Cash Box Amount?: \$ _____

Contact Info (**INCLUDE E-MAIL**): _____

Checks: \$ _____

Cash (bills): \$ _____

Cash (coins): \$ _____

Subtotal: \$ _____

Minus Cash Box Amount \$ _____

Total amount to deposit: \$ _____

Only for use with credit card direct deposit:

Credit Card Total Sales \$ _____

Minus Credit Card Fees \$ _____

Total amount of direct deposit \$ _____

Witness 1 Signature: _____ Date: _____

Witness 2 Signature: _____ Date: _____

*****Important*****

Cash should always be counted in the presence of at least two PTA members immediately following the event.

Treasurer's Use Only

Cash Box Amount Deposited: \$ _____ Line Credited: _____

Amount Deposited: \$ _____ Line Credited: _____

Date Deposited: _____

Treasurer's Signature: _____

There should be two deposit slips attached if there was a cash box amount.

_____ **QuickBooks Updated?**