

FUNDS RECEIPT FORM

(use this form to submit funds for deposit)

Date Submitted: _____

To: **Treasurer, Lake Highlands Area ECPTA**

From: _____

Budget Category: _____

These funds represent proceeds received from (describe in detail)

Please do not use part of the "raised" funds to cover expenses. Deposit all proceeds and have a check cut separately for reimbursement.

Amount: **Cash:**

Bills	#	Total Amount
\$100		
\$50		
\$20		
\$10		
\$5		
\$2		
\$1		
Coins		

Total Cash _____

Total Checks _____

Total _____

Cash Counter's Signature: _____

Cash Counter's Cosignature: _____

For Treasurer's Use:	
Date Funds Received:	_____
Deposit Date:	_____
Deposit Number:	_____
Budget Category:	_____