

CASH RECEIPT FORM DEPOSIT # _____

Account for deposit _____

Purpose/Event _____

Person Completing Form _____

(Please make sure that there are always 2 people counting money to protect the reliability of the count.)

Total Checks (attach a tape and list of checks) \$ _____

Cash:

\$100.00 \$ _____

\$50.00 \$ _____

\$20.00 \$ _____

\$10.00 \$ _____

\$5.00 \$ _____

\$1.00 \$ _____

Total Bills \$ _____

50 cent coins \$ _____

Quarters \$ _____

Dimes \$ _____

Nickels \$ _____

Pennies \$ _____

Amount to Line Item _____
Amount to Escrow _____

Total Coins \$ _____

Total Cash \$ _____

Total Deposit \$ _____

Signature 1: _____ Date: _____

Signature 2: _____ Date: _____

Treasurer Signature: _____ Date: _____