TACKAN ELEMENTARY SCHOOL PTA
everychild.onevoice.

Cash/Check Counting Sheet for Events

Event Name:____

Event Date:_________________

Chairperson's Name: _____________________________________

Checks	
Check #	**Amount**
Total Checks:	$

Cash		
Denomination	**Quantity**	**Total Cash**
100's		
50's		
20's		
10's		
5's		
1's		
Quarters		
Dimes		
Nickels		
Pennies		
Total Cash:		$

Total Cash:	$
Total Checks:	$
Grand Total:	$

Signature of Treasurer (or other Board Member): ______________________________

Signature of Chairperson (or other Witness): _________________________________

Note: After the event, please submit cash receipts within 3 days to
Christine Lipp- 28 Roy Drive / Nesconset, NY 11767
Email: cdlipp@gmail.com / Cell Phone: (516)578-0967