

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
Michelle Abola- 21 Burgundy Ln Nesconset, NY 11767
Email: michelleabola@gmail.com / Cell Phone: (516)361-3741