Centreville Elementary School PTA

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Cash Counting Sheet / Deposit Sheet

Event Name: _____ Event Date: _____

Initial Count v. Final Count

	Initial		Final	
Money Type	**Qty**	**Amount**	**Qty**	**Amount**
100s		$		$
50s		$		$
20s		$		$
10s		$		$
5s		$		$
1s		$		$
TOTAL BILLS		$		$
Quarters		$		$
Dimes		$		$
Nickels		$		$
Pennies		$		$
TOTAL COINS		$		$

Total Cash _____

Total Checks _____ *(Please include check details on page 3)*

Total Amount _____

Drop **Total Amount** in Deposit Bag.

Signatures

_____ _____ _____ _____

Chairperson/Host Date President/Treasurer Date

Record details of all **checks** received below.

	Last Name	Check #	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

	Last Name	Check #	Amount
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			

# of checks _____ **Total Check Amount**: _____