

CENTRAL POINT SCHOOL DISTRICT #6

CASH COUNTING FORM



ACTIVITY/EVENT: _____

DATE: _____

CLUB/TEAM: _____

ACCT #: _____

	Bills	No. Of	Amount
\$1's	X	_____	\$ _____
\$5's	X	_____	\$ _____
\$10's	X	_____	\$ _____
\$20's	X	_____	\$ _____
\$50's	X	_____	\$ _____
\$100's	X	_____	\$ _____
Total of Bills			\$ _____

	Coins	No. Of	Amount
\$0.01	X	_____	\$ _____
\$0.05	X	_____	\$ _____
\$0.10	X	_____	\$ _____
\$0.25	X	_____	\$ _____
\$0.50	X	_____	\$ _____
\$1.00	X	_____	\$ _____
Total of Coins			\$ _____

	No. Of	Amount
Checks:	_____	_____

TOTAL BILLS	\$ _____
TOTAL COINS	\$ _____
TOTAL CHECKS	\$ _____
TOTAL MONEY	\$ _____

IF A CASH BOX WAS CHECKED OUT FOR THIS ACTIVITY, DO NOT INCLUDE THOSE FUNDS ON THIS FORM. THAT MUST BE ACCOUNTED FOR WHEN CASH BOX IS TURNED IN.

By signing below I verify that all cash handling procedures outlined by the Student Body Fund Manual have been followed.

Signature of person verifying money count

Date

Signature of person verifying money count

Date

Signature of Advisor

Date

Signature of Secretary/Bookkeeper verifying money count

Date