

ABC Elementary School PTA
Revenue/Deposit Form
2013-2014

To: xxxxxx , PTA Treasurer
Cc: xxxxxx, PTA President
Cc: Committee Chair

Event/Program: _____ Date: _____

Collected and counted by*:

1. _____
(Signature of PTA Officer/Chair/Volunteer)

2. _____
(Signature of 2nd PTA Officer/Chair/Volunteer)

**Two people, other than the treasurer, must count and sign each revenue/deposit form.*

Description of Revenue: _____

Amount: \$ _____ - Change: _____ \$1: _____ \$5: _____ \$10: _____ \$20: _____ Other: _____

\$ _____ Checks → Check Nos.: _____

\$ _____ Other

\$ _____ Total Deposit

At the end of the year revenue/deposit forms will be reconciled with actual deposits as a part of our annual audit.

Budget Category (please circle appropriate category):

5th Grade Celebration

Membership

Spirit Wear

Art Appreciation Night

School Supply Kits

Staff Appreciation

Directory

Red Envelope

Other _____

Book Fair (Fall)

Fundraiser _____

Book Fair (Spring)

Grants/Donations