

Fundraising Income Receipt

St. Cloud Elementary School PTA
West Orange, NJ 07052

**NOTE: This form, along with accompanying cash and checks,
is to be delivered to a member of the PTA or St. Cloud Main Office staff
NO MORE THAN 1 day after a PTA-sanctioned fundraising event.
Contact Bill Byrne/Stefano Grotoli at treasurer@stcloudpta.org with any questions.*

Submitted By: _____

Event/Committee: _____

Source of Income: _____

Cash (# of bills): \$1 _____ \$5 _____ \$10 _____ \$20 _____ \$50 _____ \$100 _____

\$ Amount of Coins: _____

Total Cash Amount: \$ _____

Total Check Amount: \$ _____ (# of Checks: _____)

Total Cash & Check Deposit \$ _____

Square (# of Transactions) _____ Square Total Amount: \$ _____

Total Income (Cash + Check + Square) \$ _____

Counted By:

**** NOTE TO PERSON ACCEPTING RESPONSIBILITY FOR THIS MONEY:
You MUST count this in view of the person giving this to you before signing off. If
amount DOES NOT MATCH, then please do not accept and alert the Treasurer.**

Submitter: _____

Treasurer: _____ Date Received: _____

Deposit Date _____

*** Attach copy of deposit slip