

## Herbert Hoover Middle School PTA Cash Verification Form

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Event Chair: \_\_\_\_\_

Phone: \_\_\_\_\_

Form submitted by (if different than the Event Chairperson): \_\_\_\_\_

**CHECKS:** Number of Checks: \_\_\_\_\_ Total Amount of Checks: \$ \_\_\_\_\_

Use reverse side of form to itemize checks and transfer your totals above.

**GIFT CARDS/CERTIFICATES/PRE-PAID CARDS:** Number of Cards: \_\_\_\_\_ Total Value \$: \_\_\_\_\_

Use Gift Card Record Sheet to keep track of all Gift Cards, etc. When receiving gift cards, fill in lines above to record in Treasurer's Report.

**CASH/PayPal DEPOSIT:** Total PayPal: \$ \_\_\_\_\_ Total Cash: \$ \_\_\_\_\_

Write sum of **total PayPal** deposits on Total PayPal line above. Write the sum of the **total bills** and the **total coins** in the Total Cash line above.

Type of Bill	#	Amount	Type of Coin	#	Amount	PayPal Deposits	Gift Certificate/ Prepaid Cards
\$100		\$	Dollar		\$	\$	\$
\$50		\$	Half-dollar		\$	\$	\$
\$20		\$	Quarter		\$	\$	\$
\$10		\$	Dime		\$	\$	\$
\$5		\$	Nickel		\$	\$	\$
\$2		\$	Penny		\$	\$	\$
\$1		\$			\$	\$	\$
			<b>TOTAL:</b>		\$	\$	\$
	<b>TOTAL:</b>	\$					

**TOTAL DEPOSIT:** \$ \_\_\_\_\_

Write the sum of the Total Checks, Total Gift Cards and the Total Cash in the Total Deposit line above.

Counter's Signature: \_\_\_\_\_

(Print and Sign)

Date: \_\_\_\_\_

Counter's Signature: \_\_\_\_\_

(Print and Sign)

Date: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

(Print and Sign)

Date: \_\_\_\_\_

Maryland PTA financial policy requires that at least two (2) people are responsible for counting money at the end of each event.

1. At least one (1) counter **must** be a PTA Board Member, but not necessarily the Chairperson of the event.
2. Each counter and the event chairperson should keep a copy of this signed form for his/her records.
3. At no time should PTA funds be taken home by a volunteer.
4. Money should be counted immediately at the close of each event and transferred into the Treasurer's custody.

**THE TREASURER SHOULD NOT RECEIVE MONEY THAT IS NOT ACCOMPANIED BY THIS FORM, COMPLETED IN ITS ENTIRETY.**

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	Last Name	Check #	Amount		Last Name	Check #	Amount
1			\$ .	36			\$ .
2			\$ .	37			\$ .
3			\$ .	38			\$ .
4			\$ .	39			\$ .
5			\$ .	40			\$ .
6			\$ .	41			\$ .
7			\$ .	42			\$ .
8			\$ .	43			\$ .
9			\$ .	44			\$ .
10			\$ .	45			\$ .
11			\$ .	46			\$ .
12			\$ .	47			\$ .
13			\$ .	48			\$ .
14			\$ .	49			\$ .
15			\$ .	50			\$ .
16			\$ .	51			\$ .
17			\$ .	52			\$ .
18			\$ .	53			\$ .
19			\$ .	54			\$ .
20			\$ .	55			\$ .
21			\$ .	56			\$ .
22			\$ .	57			\$ .
23			\$ .	58			\$ .
24			\$ .	59			\$ .
25			\$ .	60			\$ .
26			\$ .	61			\$ .
27			\$ .	62			\$ .
28			\$ .	63			\$ .
29			\$ .	64			\$ .
30			\$ .	65			\$ .
31			\$ .	66			\$ .
32			\$ .	67			\$ .
33			\$ .	68			\$ .
34			\$ .	69			\$ .
35			\$ .	70			\$ .

# of Checks \_\_\_\_\_

Total Checks \$ \_\_\_\_\_

Write this total on the front page on the **Total Amount of Checks** line.