



EASTBLUFF PTA INCOME RECONCILIATION

Name of Event/Budget Category: Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Cash Received

Cash must be counted by two people

100's: x _____	= \$ _____	10's: x _____	= \$ _____
50's: x _____	= \$ _____	5's: x _____	= \$ _____
20's: x _____	= \$ _____	1's: x _____	= \$ _____
		Coin: _____	= \$ _____
		Total Cash Received:	\$ _____

#1 Counted by: (print name & initial) _____
#2 Counted by: (print name & initial) _____
Verified by financial secretary: _____

Checks Received

list name, amount, check number of each check on reverse

Number of Checks Enclosed: _____

Dollar Amt of Checks Received: \$ _____

****Please write students name and fundraiser on each check.

Counted by: (print name & initial) _____

Date Received by person submitting funds: _____

Verified by financial secretary: _____

Date Received by financial secretary: _____

BOOKKEEPING:

FOR USE BY FINANCIAL SECRETARY, TREASURER & AUDITOR

Deposited by: _____ Date Deposited: _____

Account: _____ Detail: _____

Entered into ledger: _____ Verified by auditor: _____

Total Amount of Deposit: \$ _____

This form (or similar) is to be used with all deposits that include checks.
Check Log must be submitted with an Income Reconciliation Form.

<u>Check Number</u>	<u>Name Printed on Check</u>	<u>Check Amount</u>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
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