

# BBH PSO Cash & Check Collection Form 2018-2019

PSO Unit: \_\_\_\_\_

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

Committee Name: \_\_\_\_\_

**Total Amount: \$** \_\_\_\_\_ **\*\***

Event or Description of Source: \_\_\_\_\_

Chairperson: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cash Received via Event or Source:	#	=	AMOUNT
\$100 x	_____	=	\$ _____
\$50 x	_____	=	\$ _____
\$20 x	_____	=	\$ _____
\$10 x	_____	=	\$ _____
\$ 5 x	_____	=	\$ _____
\$ 2 x	_____	=	\$ _____
\$ 1 x	_____	=	\$ _____
Coins	_____	=	\$ _____
<b>TOTAL CASH**</b>			<b>\$ _____ A</b>

**Checks Received via Event or Source:**  
Total Number of Checks\*: \_\_\_\_\_

CHECK # & LAST NAME*	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

(\*Use and print spreadsheet if more than 5 checks)

**TOTAL CHECKS** **\$ \_\_\_\_\_ B**

**Grand Total Submitted with Form: \$ \_\_\_\_\_ (A+B)**

**\*\*Includes Cash Received per Cash Box Request: \$** \_\_\_\_\_

**Amounts MUST be verified by 2 PSO MEMBERS - other than spouse or relative:**

\_\_\_\_\_ (signature)

\_\_\_\_\_ (signature)

**Treasurer's Use:**

Received By: \_\_\_\_\_

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

Date Deposited \_\_\_\_\_

- Itemize all income on this form. Include cash you may have requested on a previous Cash Box Request.
- All cash & checks collected must be turned in **immediately**, along with this completed form, to your PSO Unit treasurer or locked in school officec.
- Cash receipts collected **can not** be used to pay for other expenses. Complete Check Request for reimbursement of expenses.
- 2 PSO members **MUST** count & verify cash &/or checks.