



CASH VERIFICATION FORM

Date _____ Activity _____

Chairperson _____

Coins	_____	X	.01	=	_____
	_____	X	.05	=	_____
	_____	X	.10	=	_____
	_____	X	.25	=	_____
	_____	X	.50	=	_____
	_____	X	1.00	=	_____

Total 1 \$ _____

Currency	_____	X	\$1	=	_____
	_____	X	\$5	=	_____
	_____	X	\$10	=	_____
	_____	X	\$20	=	_____
	_____	X	\$50	=	_____
	_____	X	\$100	=	_____

Total 2 \$ _____

Checks How many? _____ (Attach itemized list) Total 3 \$ _____

Cash Box Reimbursement (change/petty cash) Total 4 \$ _____

Grand Total (Total 1 + Total 2 + Total 3 – Total 4) \$ _____

Verification: (signature of the two counters) *The undersigned certify these funds were received and properly accounted for.*

Signature _____ Signature _____

FOR TREASURER'S USE ONLY

Amount received: \$ _____ Date received: _____ Date deposited: _____

Treasurer's signature _____