_____ PTA/PTSA Payment Authorization   No. _____

Name _____   Date _____

Check to be made out to: _____

Address (if check to be mailed) _____

Advance: YES ☐   NO ☐

Amount	Budget Account	Item (Please attach receipts)
TOTAL $	Brought forward $	Credits $	Carried forward $

President _____   Secretary _____

White Copy-Treasurer, Yellow-Financial Secretary, Pink-Submitter

_____ PTA/PTSA Cash Verification Form   Receipt No._____

Activity _____   Date _____

COINS
_____ X $1 = $_____
_____ X 50¢ = $_____
_____ X 25¢ = $_____
_____ X 10¢ = $_____
_____ X 5¢ = $_____
_____ X 1¢ = $_____
TOTAL $_____

CURRENCY
_____ X $1 = $_____
_____ X $2 = $_____
_____ X $5 = $_____
_____ X $10 = $_____
_____ X $20 = $_____
_____ X $50 = $_____
_____ X $100 = $_____
TOTAL $_____

CHECKS *Attach additional pages if needed.*
_____ $_____   # _____ $_____
_____ $_____   # _____ $_____
_____ $_____   # _____ $_____
_____ $_____   # _____ $_____
_____ $_____   # _____ $_____
_____ $_____   # _____ $_____
_____ $_____   # _____ $_____
_____ $_____   # _____ $_____
_____ $_____   # _____ $_____
TOTAL $_____

TOTAL CASH $_____
CHECKS $_____
GRAND TOTAL $_____

Membership Dues # _____ @ $_____ = $_____
Donations $_____

The above listed money has been counted & placed in the sealed envelope by:

Signature (1) _____   Received by _____
                                                                        Financial Secretary
Signature (2) _____   Date _____

White Copy (Treasurer) Yellow Copy (Financial Secretary) Pink Copy (Chairman)