

J.B. Nelson PTO Counter's Sheet

Date: _____ Time: _____

Name of Event: _____

Sub-committee or Location of box: _____
 (for larger events) ie. Raffle, bake sale, front hall, kids crafts

FUNDS COUNTED:

CURRENCY	# OF BILLS	TOTAL \$XXXX .00
\$100's		
50's		
20's		
10's		
5's		
1's		
COIN	*****	
CHECKS	*****	
# OF CHECKS: *		
*ATTACH ADDING MACHINE TAPE		
	GRAND TOTAL	

Cashier's signature _____
 (if cash was pulled from box during large event)

Treasurer's signature _____

Counter #1 signature _____
 Counter #2 signature _____
 (required if Grand Total over \$500)

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