



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:	\$	
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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		
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