California 24th District

PTA®

every child. one voice.

UNIT: ______________________________

CASH VERIFICATION FORM

ACTIVITY: ______________________________ DATE: ______________

COINS

______	x	.01	______
______	x	.05	______
______	x	.10	______
______	x	.25	______
______	x	.50	______
______	x	1.00	______
		TOTAL	$ ______

CURRENCY

______	x	1.00	______
______	x	2.00	______
______	x	5.00	______
______	x	10.00	______
______	x	20.00	______
______	x	50.00	______
______	x	100.00	______
		TOTAL	**$** ______

CHECKS ***itemize or attach adding machine tape***

# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
# ______	$ ______	# ______	$ ______
		TOTAL	$ ______

* Insurance Payment included

Coins & Currency

Checks **+**

TOTAL VERIFIED **$** ______________

Verified by: ______________________ Date: __________ Amount: $ __________

Verified by: ______________________ Date: __________ Amount: $ __________

Verified by: ______________________ Date: __________ Amount: $ __________

Attach Bank Deposit Slip Here