California 24th District
PTA®
every child. *one* voice.

UNIT: 24th District PTA

CASH VERIFICATION FORM

ACTIVITY: ______________________ DATE: ______________

COINS

Count		Denomination	Amount
______	x	.01	0.00
______	x	.05	0.00
______	x	.10	0.00
______	x	.25	0.00
______	x	.50	0.00
______	x	1.00	0.00
		TOTAL	$ 0.00

CURRENCY

Count		Denomination	Amount
______	x	1.00	0.00
______	x	2.00	0.00
______	x	5.00	0.00
______	x	10.00	0.00
______	x	20.00	0.00
______	x	50.00	0.00
______	x	100.00	0.00
		TOTAL	**$** 0.00

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

#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
#	$	#	$
		TOTAL	$ 0.00

* Insurance Payment included

Coins & Currency		0.00
Checks	**+**	0.00
TOTAL VERIFIED	**$**	0.00

Verified by: ______________________ Date: __________ Amount: $__________

Verified by: ______________________ Date: __________ Amount: $__________

Verified by: ______________________ Date: __________ Amount: $__________

Attach Bank Deposit Slip Here