West View PTA

Money Turn In Sheet

(must accompany all monies turned in and filled out completely)

If including cash, must have two signatures to verify amount.

Committee/Event _____

Chairperson/Staff Member _____

Coins _____

Currency _____

Total Cash: _____

Checks (please list separately)
Please list last name of first person on each check

Last Name	Amount		Last Name	Amount

If returning money previously forwarded, please attach all receipts for the purchased items.

Total Checks per column _____ _____

Total Checks _____

Total for Deposit _____

Signature _____ Date _____

Signature _____ Date _____

Deposit Made by (print name): _____ Date _____

Deposit Made by (sign name): _____