Peekskill CSD PTO
Fund Raising Receipts Voucher

Fundraising Event: _____

Date: _____

Funds Collected:

Bills: ### Coins:

_____ X 1 = _____   **Pennies:** _____
_____ X 2 = _____   **Nickels:** _____
_____ X 5 = _____   **Dimes:** _____
_____ X 10 =_____   **Quarters:** _____
_____ X 20 = _____   **Half Dollar:** _____
_____ X 50 = _____   **Dollar:** _____
_____ X 100 = _____

Total Bills: $ _____   **Total Coins: $**_____

Checks:
Check #: _____ Amount: $_____   Check #: _____ Amount: $____
Check #: _____ Amount: $_____   Check #: _____ Amount: $____
Check #: _____ Amount: $_____   Check #: _____ Amount: $____
Check #: _____ Amount: $_____   Check #: _____ Amount: $____
Check #: _____ Amount: $_____   Check #: _____ Amount: $____

GRAND Total Collected: $ _____
Start-Up Cash Amount Received: $_____
* *

For cash received, two people need to total monies and sign this receipt voucher.
Signature _____ **Date**_____
Signature _____ **Date**_____
* *
Received by: _____ **Date:** _____
Deposited in the bank on: _____