

# BBH PSO Cash & Check Collection Form 2019 - 2020

PSO Unit: \_\_\_\_\_

Date: \_\_\_\_\_

Committee Name: \_\_\_\_\_

**Total Amount: \$ \_\_\_\_\_ \*\***

Event or Description of Source: \_\_\_\_\_

Chairperson: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cash Received via Event or Source:	#	=	AMOUNT
\$100 x	_____	=	\$ _____
\$50 x	_____	=	\$ _____
\$20 x	_____	=	\$ _____
\$10 x	_____	=	\$ _____
\$ 5 x	_____	=	\$ _____
\$ 2 x	_____	=	\$ _____
\$ 1 x	_____	=	\$ _____
Coins	_____	=	\$ _____
<b>TOTAL CASH**</b>			<b>\$ _____ A</b>

**Checks Received via Event or Source:**  
Total Number of Checks\*: \_\_\_\_\_

CHECK # & LAST NAME*	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(\*Use and print spreadsheet if more than 5 checks)

**TOTAL CHECKS** \$ \_\_\_\_\_ **B**

**Grand Total Submitted with Form:** \$ \_\_\_\_\_ **(A+B)**

**\*\*Includes Cash Received per Cash Box Request: \$ \_\_\_\_\_**

**Amounts MUST be verified by 2 PSO MEMBERS - other than spouse or relative:**

\_\_\_\_\_(signature)  
\_\_\_\_\_(signature)

**Treasurer's Use:**  
Received By: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Date Deposited \_\_\_\_\_

Itemize all income on this form. Include cash you may have requested on a previous Cash Box Request.  
All cash & checks collected must be turned in **immediately**, along with this completed form, to your PSO Unit treasurer or locked in school office.  
Cash receipts collected **can not** be used to pay for other expenses. Complete Check Request for reimbursement of expenses.  
2 PSO members MUST count & verify cash &/or checks.