



**Fishkill Elementary PTA**  
 20 Church Street, Fishkill, NY 12524  
**Record of Fundraising Income**

**Income**  
**School Year:**  
 20 \_\_\_ - \_\_\_

PLEASE PRINT CLEARLY

**Date of Event:** \_\_\_\_\_ **Event/Budget Category:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**CASH COUNT**

<p>Number of Bills</p> <p>_____ x \$100.00 = _____</p> <p>_____ x \$50.00 = _____</p> <p>_____ x \$20.00 = _____</p> <p>_____ x \$10.00 = _____</p> <p>_____ x \$5.00 = _____</p> <p>_____ x \$2.00 = _____</p> <p>_____ x \$1.00 = _____</p> <p><b>TOTAL BILLS:</b> = _____</p>	<p>Number of Coins</p> <p>_____ x \$1.00 = _____</p> <p>_____ x \$0.50 = _____</p> <p>_____ x \$0.25 = _____</p> <p>_____ x \$0.10 = _____</p> <p>_____ x \$0.05 = _____</p> <p>_____ x \$0.01 = _____</p> <p><b>TOTAL COINS:</b> = _____</p>
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**NUMBER OF CHECKS:** \_\_\_\_\_  
 (attach spreadsheet or register tape  
 w/check #'s and amounts)

**TOTAL CASH (BILLS + COINS):** \$ \_\_\_\_\_

**+ TOTAL CHECKS:** \$ \_\_\_\_\_

**= TOTAL AMOUNT SUBMITTED FOR DEPOSIT:** \$ \_\_\_\_\_

**VERIFIED INDEPENDENTLY BY:**

**SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME :** \_\_\_\_\_

**PRINTED NAME :** \_\_\_\_\_

**FOR USE BY TREASURER**

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deposit Date:** \_\_\_\_\_ **Receipt Attached:** Yes No

**Entered in Quicken:** \_\_\_\_\_ **Entered on Budget Sheet:** \_\_\_\_\_

For assistance, please contact the PTA Treasurer.