



**HOPEWELL HIGH PTSA  
FUNDS RECEIVED FORM**

DATE: \_\_\_\_\_

FUNDRAISING ACTIVITY: \_\_\_\_\_

BUDGET CATEGORY: \_\_\_\_\_

**FUNDS RECEIVED:**

CASH: \_\_\_\_\_

COINS: \_\_\_\_\_

CHECKS: \_\_\_\_\_

TOTAL REMITTED: \_\_\_\_\_

The undersigned certify that the funds shown above were received for PTSA activities. They were properly accounted in accordance with the PTSA Money Management Policy, and are to be credited to the appropriate account as noted. Two signatures are required to verify funds.

Signature of counter: \_\_\_\_\_

Signature of counter: \_\_\_\_\_

Signature of committee chair: \_\_\_\_\_

Funds forwarder to Treasure on: \_\_\_\_\_

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**TREASURER'S USE ONLY**

TOTAL AMOUNT RECEIVED: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

BUDGET LINE ITEM: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

TREASURER SIGNATURE: \_\_\_\_\_