

W.S. Mount PTA
Check Log

Name of Event: _____ Event Date: ___ / ___ / ___

Name of chairperson(s): _____ Phone #: _____

Reason for deposit: _____ Date: ___ / ___ / ___

Please list all required check information:

<u>Check #</u>	<u>Name</u>	<u>Phone#</u>	<u>Amount</u>
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
9.	_____	_____	\$ _____
10.	_____	_____	\$ _____
11.	_____	_____	\$ _____
12.	_____	_____	\$ _____
13.	_____	_____	\$ _____
14.	_____	_____	\$ _____
15.	_____	_____	\$ _____
16.	_____	_____	\$ _____
17.	_____	_____	\$ _____
18.	_____	_____	\$ _____
19.	_____	_____	\$ _____
20.	_____	_____	\$ _____
21.	_____	_____	\$ _____
22.	_____	_____	\$ _____
23.	_____	_____	\$ _____
24.	_____	_____	\$ _____
25.	_____	_____	\$ _____

Total # of checks: _____ Total \$ Amount of checks: \$ _____

Total cash amount: \$ _____ Total amount submitted \$ _____

Chairperson Signature _____ Exec. Brd. Initial _____

Treasure Initials: _____ Notes: _____ Rec'd: _____ Date: _____