Panther Creek HS Athletic Booster Club

FUNDS COLLECTION SUMMARY

Team Account: _____

PLEASE PRINT/TYPE.

Coach: _____

Parent Rep: _____

Purpose: _____

Total Amount Collected: $_____ **Date:** _____

Checks (Total): $ _____ (___ # of Checks) **Cash (Total):** _____
(It is suggested to have a list of checks and names with date received.)

Notes (if applicable): _____

_____

Counted By:	_____	_____	_____
	Signature	Printed Name	Date
Verified By:	_____	_____	_____
	Signature	Printed Name	Date

Instructions: If feasible, have two people count monies and sign off on this form. Please keep copy for your records, including one copy for the Athletic Director.

TREASURER/DEPOSITOR USE ONLY:

Audited By: _____ Date: _____

DATE DESPOSITED: _____