ROBBINS LANE PTA

CASH / CHECK COLLECTION FORM

Event / Fundraiser: _____

Date: _____ Person Responsible: _____

COLLECTION TOTALS

Cash Collected	$_____
Checks Collected	$_____
TOTAL AMOUNT COLLECTED	**$**_____

SIGN-OFF

Amount Turned In: $_____

Turned In By: _____ Date: _____

Received By: _____ Date: _____

NOTES

_____

_____

Please retain this form with the PTA event/fundraiser financial records.