

Voorheesville PTA

Cash Box Accounting

Event DATE: _____

EVENT: _____

Purpose: _____

Program Chair: _____

Net profit/Loss: _____

(Note: Attach PROFIT/LOSS statement relative to costs paid according to program rules and regulations.)

Starting Amount:

Date: _____

Cash: _____

Coin: _____

Counted by: _____

Verified by: _____

Ending Amount:

Date: _____

Cash: _____

Coin: _____

Check (s): _____

Counted by: _____

Verified by _____