

CASH RECEIPT FORM
Kloefkorn Elementary School PTO

Date: _____ Event: _____
Total Collected: \$ _____ Committee Name: _____

CASH COLLECTED

Fifties	\$ _____	Total Coins	\$ _____
Twenties	\$ _____	Total Checks:	\$ _____
Tens	\$ _____	Total Currency	\$ _____
Fives	\$ _____	Grand Total:	\$ _____
Ones	\$ _____		
Total Currency:	\$ _____		

Committee Signature: _____
Committee Signature: _____
Treasurer Signature: _____

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