



JANE STENSON PARENT TEACHER ASSOCIATION
9201 LOCKWOOD AVE. SKOKIE, IL 60077

CASH RECEIPT FORM

COMMITTEE/EVENT: _____

I am submitting the following expense(s) to the Treasurer for payment/reimbursement:

TOTAL BILLS	\$
TOTAL COINS	\$
TOTAL E-PAYMENTS	\$
NUMBER OF TRANSACTIONS:	
TOTAL CHECKS	\$
NUMBER OF CHECKS:	
TOTAL AMOUNT SUBMITTED: \$	

SUBMIT COPIES OF ALL CHECKS ALONG WITH THE ORIGINALS

SUBMITTED BY: _____ (Print Name)

_____ (Signature)

PHONE NUMBER: _____ DATE: _____

RECEIVED BY: _____ DATE: _____

Keep a record of the names, amounts and payment type for all cash receipts submitted in your procedure binder.

An electronic transactions report shall be submitted with this form that includes the following information for each transaction: System Name, Date, Customer Name, Sale Amount, Deposit Amount.

DO NOT reimburse yourself for any expenses from the cash received. You will be reimbursed by check after submitting an Expense Voucher Form.

SUBMIT COPIES OF ALL CHECKS ALONG WITH THE ORIGINALS