

SUMMARY COLLECTION FORM

Date: _____

Number: _____

_____ School

_____ Address

Deposit To: _____ (Fund) Time Frame of Fundraiser: _____

Reason for Receipts: _____ (Fundraiser, Field Trip . . .)

Sponsor: _____ (Please Print Name) Title: _____

RECEIPT DETAIL:

CASH: _____

CHECKS AND MONEY ORDERS: _____ (See Detail Below)

TOTAL: _____

NOTE: All receipts for deposit must be accurately counted before turning in to the Treasurer. Any summary found to have a discrepancy will be returned. Please face bills and roll change when possible. The Extra-Curricular Treasurer is to provide an Official Receipt, Form SA-3, at the time the Collection Summary is turned in.

I CERTIFY I HAVE ACCURATELY ACCOUNTED FOR ALL FUNDS AND REPORTED THE SAME HEREIN

(Signature of Fund Representative, Name is Printed Above)

Detail Checks / Money Orders
(Attach Additional Information As Needed)

| <u>Number</u> | <u>Amount</u> | <u>Number</u> | <u>Amount</u> | <u>Number</u> | <u>Amount</u> | <u>Number</u> | <u>Amount</u> |
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| Subtotal | \$ | Subtotal | \$ | Subtotal | \$ | Subtotal | \$ |

Amount From Additional Sheets \$ _____

Grand Total \$ _____