

EVENT _____ Date: _____

Member/Officer in Charge _____

Beginning Receipt Number _____ Ending Receipt Number _____

Cash Sales			Cash Donations		
Receipt #	\$		Receipt #	\$	
#	\$		#	\$	
#	\$		#	\$	
#	\$		#	\$	
#	\$		#	\$	
#	\$		#	\$	
#	\$		#	\$	
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#	\$		#	\$	
#	\$		#	\$	
#	\$		#	\$	
#	\$		#	\$	
#	\$		#	\$	
Total \$ _____ (1)			Total \$ _____ (2)		
Receipt #	<u>Checks</u> Check #	Amount \$			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
Total Checks _____			\$1 x _____ = \$ _____		
			\$2 x _____ = \$ _____		
			\$5 x _____ = \$ _____		
			\$10 x _____ = \$ _____		
			\$20 x _____ = \$ _____		
			\$50 x _____ = \$ _____		
			\$100 x _____ = \$ _____		
			\$ _____ = \$ _____		
			<u>Coins</u> _____ = \$ _____		
			Total Cash Donations _____ (3)		

Cash Enclosed: (1)+(2)+(3) = \$ _____ Checks Enclosed \$ _____

Amount Confirmed by BSM 1: _____

Amount confirmed by BSM 2: _____

RECEIVED BY _____ DATE _____

DEPOSITED BY _____ DATE _____

DEPOSIT SLIP AMOUNT _____