

SJLES PTA Event Summary and Deposit Form

At the end of each event and/or each day of an event, the event lead will fill out this form to summarize the day/event. The event lead and one other (unrelated) PTA member will count all monies collected and sign this form. The event lead will provide the completed form, and money for deposit, to the treasurer within 3 days of the event.

Name Email Phone In-Kind Donations List any persons who donated something other than cash to the PTA related to this event. If value is known, please nclude the value. If value is unknown, please be sufficiently detailed in the description to allow approximate value	Event:		Date:		_	
Expenses List any persons who incurred expenses on behalf of the PTA for which reimbursement requests are expected. Name Email Phone In-Kind Donations List any persons who donated something other than cash to the PTA related to this event. If value is known, please nclude the value. If value is unknown, please be sufficiently detailed in the description to allow approximate value to be estimated. Person Email Phone Value Description of donation:	Event Lead:					
Name Email Phone In-Kind Donations List any persons who incurred expenses on behalf of the PTA for which reimbursement requests are expected. Name Email Phone In-Kind Donations List any persons who donated something other than cash to the PTA related to this event. If value is known, please include the value. If value is unknown, please be sufficiently detailed in the description to allow approximate value to be estimated. Person Email Phone Value Description of donation: Description of donation:	Additional PTA MEMBER:		-			
Name Email Phone Phone	Expenses					
In-Kind Donations List any persons who donated something other than cash to the PTA related to this event. If value is known, please include the value. If value is unknown, please be sufficiently detailed in the description to allow approximate value to be estimated. Person Email Phone Value Description of donation: Description of donation:	List any persons who incurred ex	pense	s on behalf of the PTA for which reimbur	sement req	uests are e	expected.
List any persons who donated something other than cash to the PTA related to this event. If value is known, please include the value. If value is unknown, please be sufficiently detailed in the description to allow approximate value to be estimated. Person Email Phone Value Description of donation: Description of donation:	Name		Email		Phone	
List any persons who donated something other than cash to the PTA related to this event. If value is known, please include the value. If value is unknown, please be sufficiently detailed in the description to allow approximate value to be estimated. Person Email Phone Value Description of donation: Description of donation:						
List any persons who donated something other than cash to the PTA related to this event. If value is known, please include the value. If value is unknown, please be sufficiently detailed in the description to allow approximate value to be estimated. Person Email Phone Value Description of donation: Description of donation:						
List any persons who donated something other than cash to the PTA related to this event. If value is known, please include the value. If value is unknown, please be sufficiently detailed in the description to allow approximate value to be estimated. Person Email Phone Value Description of donation: Description of donation:						
List any persons who donated something other than cash to the PTA related to this event. If value is known, please include the value. If value is unknown, please be sufficiently detailed in the description to allow approximate value to be estimated. Person Email Phone Value Description of donation: Description of donation:						
Description of donation: Description of donation:						
Description of donation:	Person	Emai	I	Phone		Value
Description of donation:	Description of donation:					
Description of donation:	Description of donation:					
Description of donation:						
	Description of donation:					

Revenues

Deposit Date: _____

Revenue Type	Quantity	Sales Price	Total Cash			
Event Ticket Sales						
Food Sales						
Spiritware Sales						
Membership Dues						
Cash Donations						
Other (describe)						
Other (describe)						
Total Cash collected (must e	Total Cash collected (must equal the Grand Total Deposit below)					
Cash Tally CHECKS:						
Number of Checks: Combined Check Value:						
CASH:						
Currency:		Total Currency:				
X \$100's	X \$50's	X \$20's				
X \$10's	X \$5's	X \$1's				
Coins:		Total Coins				
X Quarters=	X Dimes=					
X Nickels=	X Pennies=					
(Total Checks + Total Currency + Total Coins) Grand Total Deposit:						
L						
I have counted all monies and verify that this information is correct.						
Signature #1:	Date	e:				
Signature #2:	Date	::				
Received by Treasurer:	C	Oate:				