

Northern Guilford Middle School PTSA

616 Simpson-Calhoun Road
Greensboro, NC 27455



FUNDS RECEIVED STATEMENT

Money should always be kept and counted in the presence of two PTA Members.

Activity Date: _____

Activity/Committee: _____

FUNDS RECEIVED:

CHECKS TOTAL: \$ _____

CASH TOTAL: \$ _____

COINS TOTAL: \$ _____

Subtract Cash Box \$ Advance: <\$ _____> *not included as income in total funds received below

TOTAL Income/Funds Received: \$ _____

The undersigned certify that the funds shown above were received for PTSA activities and properly accounted for according to the Uniform PTA Bylaws, Standing Rules & Treasurer guidelines and are to be credited to the appropriate account as noted.

Signature of 1st Counter: _____ Date: _____

Signature of 2nd Counter: _____ Date: _____

FOR TREASURER'S USE ONLY:

Amount Received: \$ _____ Date Deposited: _____

Budget Line (s) Credited: _____

Comments: _____

Treasurer's Signature: _____ Audit committee initials: _____