

# FUNDS VERIFICATION FORM



Date \_\_\_\_\_ Activity \_\_\_\_\_

Chairperson \_\_\_\_\_ Budget category \_\_\_\_\_

**Petty cash must be accounted for separately on its own form.**

**Section 1: Use this section if you are collecting money only by cash/checks. After funds are deposited in the bank by the treasurer, a copy of the deposit slip must be attached to this form.**

<b>Coins</b>	_____	X	.01	=	_____
	_____	X	.05	=	_____
	_____	X	.10	=	_____
	_____	X	.25	=	_____
	_____	X	.50	=	_____
	_____	X	1.00	=	_____

**Total 1 \$ \_\_\_\_\_**

<b>Currency</b>	_____	X	\$1.00	=	_____
	_____	X	\$5.00	=	_____
	_____	X	\$10.00	=	_____
	_____	X	\$20.00	=	_____
	_____	X	\$50.00	=	_____
	_____	X	\$100.00	=	_____

**Total 2 \$ \_\_\_\_\_**

**Checks**      How many? \_\_\_\_\_ (Itemized list on back page)      **Total 3 \$ \_\_\_\_\_**

**Grand Total (Total 1 + Total 2 + Total 3)      \$ \_\_\_\_\_**

**Section 2: Use this section if you are collecting money by credit card. Transaction report must be attached.**

**Credit Card Gross (all money collected)      1 \_\_\_\_\_**

**Credit Card Processing Fees      2 \_\_\_\_\_**

**Credit Card Net (should be what is deposited in the bank)      Grand Total (1 minus 2) \_\_\_\_\_**

**For Membership dues submission, please complete this box.**

# \_\_\_\_\_ members @ \$ \_\_\_\_\_ (dues amount) = \$ \_\_\_\_\_ + donations \$ \_\_\_\_\_ + other \$ \_\_\_\_\_ - fees \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Please note: This total should match one of the Grand Total boxes above.**

**Verification: (signature of the two counters – cannot be related and cannot be the treasurer)**

*By signing this form, you are certifying that these funds were received and properly accounted for.*

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**For Treasurer's Use Only**

Amount received: \$ \_\_\_\_\_ Date received: \_\_\_\_\_ Date deposited: \_\_\_\_\_ (must be same day or within 24 hours)

Treasurer's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: After the treasurer verifies and deposits funds, he or she should provide a copy of the deposit slip to the person who submitted the funds.*

#	Check Number	Name	Amount	#	Check Number	Name	Amount
1				41			
2				42			
3				43			
4				44			
5				45			
6				46			
7				47			
8				48			
9				49			
10				50			
11				51			
12				52			
13				53			
14				54			
15				55			
16				56			
17				57			
18				58			
19				59			
20				60			
21				61			
22				62			
23				63			
24				64			
25				65			
26				66			
27				67			
28				68			
29				69			
30				70			
31				71			
32				72			
33				73			
34				74			
35				75			
36				76			
37				77			
38				78			
39				79			
40				80			

**Total number of checks:** \_\_\_\_\_ **Total \$ Amount of checks:** \_\_\_\_\_