

Manasquan Elementary School PTO

REMITTANCE OF FUNDS

Date: _____ ***Funds should be remitted ASAP after the event***

To: PTO Treasurer – Please contact Treasurer to plan arrangements for delivery of funds to:

Pam Voelksen 22 Spruce Ave, Manasquan NJ 08736 973-224-1633 cell#

pamvoelksen@gmail.com and/or ptoboard@squanpto.com

Name of Person Turning in Funds: _____

Funds Counted by: _____

Contact Phone: _____

E-mail Address: _____

Committee / Event: _____

CASH			COIN		
# of \$100 Bills:		\$	Total	# of .25:	\$
# of \$50 Bills:		\$	Total	# of .10:	\$
# of \$20 Bills:		\$	Total	# of .05:	\$
# of \$10 Bills:		\$	Total	# of .01:	\$
# of \$5 Bills:		\$	Total		
# of \$1 Bills:		\$	Total		

CHECKS (please list individual checks / comments on back)

Total value of Checks: \$ _____ Total number of Checks: _____

Total Cash: \$ _____

Total Amount of Checks & Cash Remitted: \$ _____

Initials of chair and 1 other (2 people required count cash): _____

For PTO Treasurer Use

Date Received: _____

Total Checks: _____

Date Deposited: _____

Total Cash: _____

Deposited by: _____

Treasurer Signature: _____