NELSON PTA TALLY SHEET

- Please fill out this form and put it in the PTA box in the office along with the money for deposit.
- Two PTA members *(not of the same household)* are required to count and sign for each deposit.

DATE: _____   TOTAL DEPOSIT AMOUNT: $ _____
(Provide details below)

EVENT/COMMITTEE: _____

Please indicate total dollar value of each coin/currency.

Coins:	*Currency:*	*Checks:*
Pennies _____	Ones _____	Check # Amount
Nickels _____	Twos _____	_____ _____
Dimes _____	Fives _____	_____ _____
Quarters _____	Tens _____	_____ _____
Half-Dollars _____	Twenties _____	_____ _____
Dollars _____	Fifties _____	_____ _____
Total	**Total**	**Total # of checks: _____**
Coins: $_____	**Currency: $_____**	**Total check amount: $ _____**

Counted By: 1) _____   _____
                                   (Printed Name)   *(Signature)*

                       2) _____   _____
                                   (Printed Name)   *(Signature)*

Comments: _____

Please turn over for Start up/Close out form if needed

NELSON PTA START-UP/CLOSE OUT

- Please fill out this form and put it in the PTA box in the office along with the tally sheet and $ for deposit.
- Two PTA members *(not of the same household)* are required to count and sign for all start-up funds.

DATE: _____   TOTAL START UP AMOUNT: $ _____

(Provide details below)

EVENT/COMMITTEE: _____

Please indicate total dollar value of each coin/currency.

START UP		**CLOSE OUT**	

Coins:	*Currency:*	*Coins:*	*Currency:*
Pennies _____	Ones _____	Pennies _____	Ones _____
Nickels _____	Twos _____	Nickels _____	Twos _____
Dimes _____	Fives _____	Dimes _____	Fives _____
Quarters _____	Tens _____	Quarters _____	Tens _____
Half-Dollars _____	Twenties _____	Half-Dollars _____	Twenties _____
Dollars _____	Fifties _____	Dollars _____	Fifties _____
Total	**Total**	**Total**	**Total**
Coins: $_____	**Currency: $_____**	**Coins: $_____**	**Currency: $_____**

Counted By: 1) _____   1) _____
              (Print/Sign Name)   *(Print/Sign Name)*

        2) _____   2) _____
              (Print/Sign Name)   *(Print/Sign Name)*

Comments: _____

TREASURER'S USE ONLY

Date Received: _____   Received from: _____

Total Received Matched Above? Yes/No If no, how much received: Coins: $ _____

Check # _____ Chair Funds? _____   Currency: $ _____

Treasurer's Signature: _____ _____   Checks: $ _____

          Printed: _____   Total: $ _____