



CARNAGE GT MAGNET MIDDLE SCHOOL PTSA

1425 Carnage Drive
Raleigh, NC 27610-3909
919-856-7600

FUNDS RECEIVED FORM

Date: _____ Committee: _____

Fundraising Activity: _____

TOTAL DEPOSIT AMOUNT: \$ _____

FUNDS TO BE CREDITED TO:		Deposit Composition:	
Membership	\$ _____	Large Bills	\$ _____
Fundraiser	_____	\$20	\$ _____
Donation	_____	\$10	\$ _____
Spirit Wear	_____	\$5	\$ _____
_____	_____	\$1	\$ _____
_____	_____	Coins	\$ _____
_____	_____	Total Currency	\$ _____
TOTAL	\$=====	Total Checks	\$ _____
		Total Deposit	\$=====
		# of Checks	_____

Signature of Counter: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of Committee Chair: _____ Date: _____

(Do not write below line.)

.....
Date Received by Treasurer: _____ Initials: _____ Amount Received: \$ _____

Date of Deposit: _____ Funds Credited as Indicated: Yes No (check one)