



REMITTANCE OF FUNDS

Please complete this form and submit directly to the Treasurer within 30 days of event/fundraiser.
Please **RETAIN COPIES** of this completed form.

Any questions or concerns, please contact Dorene Greenberg * speaktodo@aol.com

Date: _____ Name of person handing-in funds: _____

Phone # _____ Committee: _____

of \$100 bills: _____ X \$100 = \$ _____

of \$50 bills: _____ X \$50 = \$ _____

of \$20 bills: _____ X \$20 = \$ _____

of \$10 bills: _____ X \$10 = \$ _____

of \$5 bills: _____ X \$5 = \$ _____

of \$1 bills _____ X \$1 = \$ _____

Total amount in bills: \$ _____

Total amount in coins: \$ _____

Total cash (bills and coins) \$ _____

Checks:

Group checks by like amount. (Use the additional check deposit form if you need more lines)

of checks _____ @ \$ _____ = \$ _____

of checks _____ @ \$ _____ = \$ _____

of checks _____ @ \$ _____ = \$ _____

of checks _____ @ \$ _____ = \$ _____

of checks _____ @ \$ _____ = \$ _____

Total in checks: \$ _____

Total Amount remitted:

(checks plus cash/coins) \$ _____

**** FOR TREASURER USE ONLY ****

Date Received: _____

Date Entered: _____

Category/Event: _____