



EICH PTC REVENUE VERIFICATION FORM

Name of Event: _____
Please use separate form for each event

Date of Event: _____

Coins:		
Pennies	= \$	
Nickles	= \$	
Dimes	= \$	
Quarters	= \$	
Fifty Cent	= \$	
One Dollar	= \$	
Total	\$	

Currency:		
Ones	= \$	
Fives	= \$	
Tens	= \$	
Twenties	= \$	
Fifties	= \$	
Hundreds	= \$	
Total	\$	

Checks: Please list in order from least to greatest			
Check #	\$ Amount	Check #	\$ Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Subtotal 1	\$	Subtotal 2	\$

<u>Cash:</u>		<u>Checks:</u>	
Coins	\$	Subtotal 1	\$
Currency	\$	Subtotal 2	\$
Total A	\$	Total B	\$
		Grand Total A + B \$	

<p><u>Chairperson:</u></p> <p>Name Printed _____</p> <p>Date Counted _____</p> <p>Signature _____</p>	<p><u>Treasurer:</u></p> <p>Name Printed _____</p> <p>Date Counted _____</p> <p>Signature _____</p>
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