

STRATFORD PTSA
FUNDS FOR DEPOSIT FORM

Date _____

Name _____

Phone Number _____

Committee _____

Source of Funds

Cash Bills Total \$ _____

 Coins Total \$ _____

Checks Total \$ _____

Number of checks _____

TOTAL FUNDS SUBMITTED \$ _____

Treasurer:

_____ Calculations Agree

_____ Calculations do not agree.

Reconciliation as follows: