ASB Cash Count

**Name of School:**

**Name of Club:**

**ASB Cash Count**

**Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of person completing form:

Date completing this form:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(A)  Denominations** | | | **(B)  Number of Bills or Coins** | **(C) Total Amount  Collected (A times B)** |  | **Totals from Receipts Adding Machine Tape** |  |
| Pennies | | .01 |  |  |
| Nickels | | .05 |  |  |
| Dimes | | .10 |  |  |
| Quarters | | .25 |  |  |
| Half dollars | | .50 |  |  |
| Dollar coins | | 1.00 |  |  |
| Dollar bills | | 1.00 |  |  |
| Five dollar bills | | 5.00 |  |  |
| Ten dollar bills | | 10.00 |  |  |
| Twenty dollar bills | | 20.00 |  |  |
|  | |  | Total amount of all cash | $ | (D) | $ | Total Cash Receipts |
|  | |  | Total amount of all checks | $ | (E) | $ | Total Check Receipts |
|  | |  | Total amount of all cash and checks | $ |  |  |  |
| (Pre-record amount and initial the amount of change funds received) | | | Less startup change fund amount | $ |  |  | Initial upon receiving change funds |
|  |  | | Total net amount of all cash and checks | $ |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Note** |  | **ASB Bookkeeper** |  |
| Confirm that total “cash & coin” receipts equal total amount of all cash. | (D) |  | Initial |
| Confirm that all check receipts agree to attached receipts. | (E) |  | Initial |
| Confirm that all check payees individually agree to attached receipts. |  |  | Initial |
| Confirm that all receipt numbers are sequential, with none missing. |  |  | Initial |

***Follow up on ANY differences.***

 Cash Count form prepared by:

Signature, Title and Date

Signature of fundraising staff counting the cash:

Signature and Date

Signature of fundraising staff counting the cash:

Signature and Date

Verified by ASB Bookkeeper:

Signature, Title and Date

Submitted and Approved by:

Student Club Representative:

Signature, Title and Date

Club Advisor:

Signature, Title and Date

Principal/School Administrator:

Signature, Title and Date

Recorded in ASB Student Council Minutes on:

Date

**Supporting documentation:**

(Must be included when this form is turned in)

*Cash register:*

Report of Ticket Sales form

Unused tickets returned

*Prenumbered receipt books*:

Cash register tape

Copy of each receipt issued

*Tally Sheet:*

Copy of each receipt issued

All receipt books returned

All receipt books accounted for

Completed tally sheet/sheets