ASB Cash Count

Name of School:

Name of Club:

ASB Cash Count

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

Name of person completing form:

Date completing this form:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. (A) Denominations
 | 1. (B) Number of Bills or Coins
 | 1. (C)Total Amount Collected (A times B)
 |  | 1. Totals from Receipts Adding Machine Tape
 |  |
| 1. Pennies
 | 1. .01
 |  |  |
| 1. Nickels
 | 1. .05
 |  |  |
| 1. Dimes
 | 1. .10
 |  |  |
| 1. Quarters
 | 1. .25
 |  |  |
| 1. Half dollars
 | 1. .50
 |  |  |
| 1. Dollar coins
 | 1. 1.00
 |  |  |
| 1. Dollar bills
 | 1. 1.00
 |  |  |
| 1. Five dollar bills
 | 1. 5.00
 |  |  |
| 1. Ten dollar bills
 | 1. 10.00
 |  |  |
| 1. Twenty dollar bills
 | 1. 20.00
 |  |  |
|  |  | 1. Total amount of all cash
 | 1. $
 | 1. (D)
 | 1. $
 | 1. Total Cash Receipts
 |
|  |  | 1. Total amount of all checks
 | 1. $
 | 1. (E)
 | 1. $
 | 1. TotalCheck Receipts
 |
|  |  | 1. Total amount of all cash and checks
 | 1. $
 |  |  |  |
| 1. (Prerecord amount and initial the amount of change funds received)
 | 1. Less startup change fund amount
 | 1. $
 |  |  | 1. Initial upon receiving change funds
 |
|  |  | 1. Total net amount of all cash and checks
 |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Note
 |  | 1. ASB Bookkeeper
 |  |
| 1. Confirm that total “cash & coin” receipts equal total amount of all cash.
 | 1. (D)
 |  | 1. Initial
 |
| 1. Confirm that all check receipts match attached receipts.
 | 1. (E)
 |  | 1. Initial
 |
| 1. Confirm that all check payees individually match attached receipts.
 |  |  | 1. Initial
 |
| 1. Confirm that all receipt numbers are sequential, with none missing.
 |  |  | 1. Initial
 |

1. Follow up on ANY differences.

Cash Count form prepared by:

 Signature, Title and Date

Cash counted by:

 Signature and Date

Cash counted by:

 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(s).