Deposit/Fundraising Income Sign-Off

Name of Event:

Date:

Coordinator(s) of Event:

Amount Counted (cash) **$**

Amount Counted (checks) **$**

Total Amount Counted: $

Counter: _____ _____
Signature Date

Treasurer: _____ _____
Signature Date

Counters: Please sign and attach this form to the monies being forwarded to the Treasurer.