



WAKEFIELD MIDDLE SCHOOL PTSA
2300 Wakefield Pines Drive
Raleigh, North Carolina 27614

FUNDS RECEIVED FORM

Date: _____

Budget Line Item: _____

Fundraiser: _____

COINS: \$ _____

CASH: \$ _____

CHECKS: \$ _____

TOTAL FUNDS RECEIVED: \$ _____

The undersigned certify that the funds shown below were received for PTSA activities, are properly accounted for in accordance with the Wakefield Middle School PTSA Money Management Policy, and are to be credited to the appropriate PTSA account.

Signature of Counter #1

Date

Signature of Counter #2

Date

Vice President/Committee Chair Signature

Date

Printed Name of Person Forwarding Funds to Treasurer

Date

FOR TREASURER'S USE ONLY

Amount Received: _____

Date Deposited: _____

Budget Line Item Credited: _____

Treasurer's Signature

Date:

FUNDS LISTING

	NAME ON CHECK	CHECK #	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

TOTAL CHECKS	\$
---------------------	----

	CURRENCY	# of Bills	AMOUNT
	\$1		
	\$5		
	\$10		
	\$20		
	\$50		
	\$100		

TOTAL BILLS	\$
--------------------	----

	COINS	# of Coins	AMOUNT
	1 ¢		
	5 ¢		
	10 ¢		
	25 ¢		
	50 ¢		
	\$1.00 coins		

TOTAL COINS	\$
--------------------	----