SUMMARY COLLECTION FORM

Date: _____ Number: _____

_____ School

_____ Address

Deposit To: _____ Time Frame of Fundraiser: _____
(Fund)

Reason for Receipts: _____
(Fundraiser, Field Trip . . .)

Sponsor: _____ Title: _____
(Please Print Name)

RECEIPT DETAIL:

CASH: _____

CHECKS AND MONEY ORDERS: _____
(See Detail Below)

TOTAL: _____

NOTE: All receipts for deposit must be accurately counted before turning in to the Treasurer. Any summary found to have a discrepancy will be returned. Please face bills and roll change when possible. The Extra-Curricular Treasurer is to provide an Official Receipt, Form SA-3, at the time the Collection Summary is turned in.

I CERTIFY I HAVE ACCURATELY ACCOUNTED FOR ALL FUNDS AND REPORTED THE SAME HEREIN

_____
(Signature of Fund Representative, Name is Printed Above)

Detail Checks / Money Orders
(Attach Additional Information As Needed)

Number	Amount	Number	Amount	Number	Amount	Number	Amount
Subtotal	$	Subtotal	$	Subtotal	$	Subtotal	$

Amount From Additional Sheets $ _____

Grand Total $ _____