

RHSA PARTS Event Cash Record

Date: _____ Event: _____

Receiver of Cash Box (Full Name) : _____ Box #: _____

1. Enter the # of bills and coins and total amounts for each and total starting cash box.

Denomination	Qty		Amount
\$20		X	\$
\$10		X	\$
\$5		X	\$
\$1		X	\$
\$.25		X	\$
Initial Here:		TOTAL	\$

2. List all revenue sources (flowers, donations, grams, etc.) for this cash box. Total Amount Received.

Item Type	Unit Price	Amount Received
	\$	\$
TOTAL SOLD		\$

3. At End of Event: Count bills, coins and checks in the cash box and fill in the table below, including the total ending cash box amount. Sign in space provided at bottom of page. **Complete a second copy of this page only and retain for Secretary. Treasurer to receive funds and original form.**

Denomination	Qty		Amount
\$20		X	\$
\$10		X	\$
\$5		X	\$
\$1		X	\$
\$.25		X	\$
Checks	List on Side 2	Total:	\$
		TOTAL	\$

Name & Signature of Cash Box Counter #1: _____

Name & Signature of Cash Box Counter #2: _____

Signature Acknowledging Receipt of Funds: _____

Treasurer Signature

