

**Coleman School H.S.A.
Monies Collected Report**

Name of Event _____

Date of Event _____

Chairperson(s) _____

Contact Email: _____

Breakdown of monies collected:

\$0.01 X _____ = \$ _____

\$1.00 X _____ = \$ _____

\$0.05 X _____ = \$ _____

\$5.00 X _____ = \$ _____

\$0.10 X _____ = \$ _____

\$10.00 X _____ = \$ _____

\$0.25 X _____ = \$ _____

\$20.00 X _____ = \$ _____

\$50.00 X _____ = \$ _____

\$100.00 X _____ = \$ _____

Total change \$ _____ + Total dollars \$ _____ = \$ _____

Total checks = \$ _____

Total monies collected for this event = \$ _____

Cash advance = \$ _____

Total monies minus cash advance = \$ _____

Signature _____

Please sign this form and submit to Naomi Lin, HSA Treasurer

* * * **DO NOT** leave cash in the Treasurer's mail box!!! * * *

Thank you.

Treasurer's Use Only:

Date of Deposit: _____

Attach Deposit Slip: _____