



INCOME RECEIPT FORM

PLEASE COMPLETE AND ATTACH PROPER BACKUP DOCUMENTATION

Date: _____

PTSO Rep submitting Funds: _____

Phone #: _____

Event/Activity*: _____

TOTAL AMOUNT REMITTED: \$ _____

of Checks: _____ \$ _____

Cash: \$ _____

Check the applicable account for the funds below:

- | | |
|-------------------------------------|---|
| _____ PTSO Membership Dues | _____ PTSO Donations |
| _____ Directory Sales | _____ SCRIP |
| _____ SAT/ACT Practice Tests | _____ Student Driver Support - Magnets |
| _____ Website Advertising | _____ Brick Sales |
| _____ Art Boosters | _____ Other |

Your Signature: _____

***For all charitable donations, please indicate name, address, and amount on the back of this form**

For PTSO Treasurer's Use Only

<p>Received By: _____</p> <p>Date: _____</p> <p>Date Deposited: _____</p>
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