

# SCS PTO EVENT FUNDS FOR DEPOSIT

Source of Funds: \_\_\_\_\_

Date of Collection: \_\_\_\_\_

Cash: \$ \_\_\_\_\_

\_\_\_\_\_  
Member Initials    Member Initials

Checks: \$ \_\_\_\_\_

\_\_\_\_\_  
Member Initials    Member Initials

TOTAL COLLECTED: \$ \_\_\_\_\_

Supervising Members: \_\_\_\_\_

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Please print your name

Total collected funds were handed to:

- TREASURER
- PRESIDENT
- VICE PRESIDENT
- SECRETARY

\_\_\_\_\_  
Signature of receiving party \*

\_\_\_\_\_  
Date received

***\*If the funds are received by any party other than the Treasurer, please complete the section below:***

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Date received