

BBH Robotics Boosters Cash & Check Collection Form



Date:	
Name:	
Phone Number:	
Committee Chair:	
Total Amount:	
Account / Event:	

Cash Received				
Denomination		Quantity		Amount
\$100	X		=	
\$50	X		=	
\$20	X		=	
\$10	X		=	
\$5	X		=	
\$2	X		=	
\$1	X		=	
Coins	X		=	
TOTAL CASH**				

Checks Received			
Check Number	Payer Information		Amount
Total Number of Checks:			
Checks Total Amount:			

(*Use and print spreadsheet if more than 5 checks)

Grand Total Submitted with Form: \$ _____ (Cash + Checks)
 (**Includes Cash Received per Cash Box Request: \$ _____)

MUST be verified by 2 BBHHS Robotics Boosters MEMBERS - other than spouse or relative:

_____ signature _____ signature

Itemize all income on this form. Include cash requested on a previous Cash Box Request.
 All cash & checks collected must be turned in **immediately**, along with this completed form to the treasurer or Advisor.
Cash receipts collected **cannot** be used to pay for other expenses. Complete Check Request for reimbursement of expenses.

Treasurer's Use:

Received By: _____

Date Received: _____

Date Deposited _____