

East Mecklenburg PTSO

Received Funds

Please have income counted, verified, and signed by 2 persons, not including the treasurer.

Date: _____

Committee Name: _____

Coins: _____

Currency: _____

Checks: _____

Total Funds Received: _____

FOR OFFICE USE

Date received: _____

Amount: _____

Income category: _____

Per PTO guidelines, the undersigned certify that the funds shown above were received for PTO activities and accounted for and are credited to the appropriate PTO fund.

Signatures: _____
