

# Falls Lake Academy PTA

## Funds Received Form



Please print all fields.

Date: \_\_\_\_\_

Fundraising Activity: \_\_\_\_\_

### + FUNDS RECEIVED +

Coins: \$ \_\_\_\_\_  
Currency: \$ \_\_\_\_\_  
Checks: \$ \_\_\_\_\_  
TOTAL FUNDS RECEIVED \$ \_\_\_\_\_

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The undersigned certify that the funds shown above were received for PTA activities and properly accounted for in accordance with the NCPTA and Falls Lake Academy PTA Money Management Policy, and are to be credited to the appropriate PTA account as noted.

\_\_\_\_\_  
Signature of Counter #1

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Counter #2

Date: \_\_\_\_\_

### FOR TREASURER'S USE ONLY

Amount Received: \_\_\_\_\_

Date: \_\_\_\_\_

Specific Budget Item(s) Credited: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_