

WASHINGTON COUNTY SCHOOL DISTRICT DOCUMENTATION FORM CASH BOX CHECK-OUT & RECONCILIATION

ACTIVITY/EVENT: _____

ACTIVITY/EVENT DATE: _____

STARTING CASHBOX BALANCE

The persons signing below indicate that they have counted and verified the starting cash balance and agree to the amount specified in the box below.

TICKET TAKER 1: _____ Printed Name	_____ Signature
FINANCE SECRETARY: _____ Printed Name	_____ Signature
TICKET TAKER 2: _____ Printed Name	_____ Signature
AMOUNT \$ 	

CASH BOX RECONCILIATION

CURRENCY	
\$1.00	\$
\$2.00	\$
\$5.00	\$
\$10.00	\$
\$20.00	\$
\$50.00	\$
\$100.00	\$
Total Currency	\$

COINS	
\$0.01	\$
\$0.05	\$
\$0.10	\$
\$0.25	\$
\$0.50	\$
\$1.00	\$
Total Coins	\$

CHECKS	
Check #	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Checks	\$

TOTAL AMOUNT IN CASH BOX	\$
MINUS STARTING CASH BALANCE	\$
TOTAL AMOUNT FOR DEPOSIT	\$

The persons signing below indicate that they have counted and verified the ending cash balance and agree to the amount.

TICKET TAKER 1: _____ Printed Name	_____ Signature
TICKET TAKER 2: _____ Printed Name	_____ Signature
ADMINISTRATOR _____ Printed Name	_____ Signature
FINANCE SECRETARY: _____ Printed Name	_____ Signature
VERIFIED BY: _____ Printed Name	_____ Signature