

**WASHINGTON COUNTY SCHOOL DISTRICT DOCUMENTATION FORM
CASH BOX RECONCILIATION**

ACTIVITY/EVENT: _____

ACTIVITY/EVENT DATE: _____

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 \$

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

FINANCE SECRETARY:		
	Printed Name	Signature
VERIFIED BY:		
	Printed Name	Signature

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