



# Maple Hills PTA Cash Box Accounting Form

## Instructions:

- The Event Chair or designated Cash Handlers must complete this form during the event, tracking all cash transactions.
- The completed form, along with the cash, must be returned to the Treasurer within one week of the event.
- All parties handling cash must sign to acknowledge receipt and proper accounting of funds.

Event Name: \_\_\_\_\_ Event/Committee Chair: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Cash Box Requestor: \_\_\_\_\_ Treasurer: \_\_\_\_\_

## 1. Cash Box Details

- Requested Cash Amount: \$ \_\_\_\_\_ Attach original cash request form
- Denominations Requested:
  - \$1 Bills: \_\_\_\_\_ x \$1 = \$ \_\_\_\_\_
  - \$5 Bills: \_\_\_\_\_ x \$5 = \$ \_\_\_\_\_
  - \$10 Bills: \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_
  - \$20 Bills: \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_
  - Other: \_\_\_\_\_

Total Cash Provided by Treasurer: \$ \_\_\_\_\_

## 2. Cash Transactions During Event

Description	Amount	Total
Starting Cas (as above)		
Sales (e.g., food, tickets)		
Donations		
Other (specify): _____		

Total Cash Collected: \$ \_\_\_\_\_

Total Cash at End of Event (including starting cash): \$ \_\_\_\_\_

## 3. Cash Reconciliation

- Total Cash to Return to Treasurer: \$ \_\_\_\_\_
- Discrepancies (if any): \_\_\_\_\_

#### 4. Signatures

##### Cash Handlers:

1. **Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

##### Event/Committee Chair:

- **Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

##### Cash Box Requestor:

- **Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

##### Treasurer:

- **Receipt of Initial Cash:**
    - **Name:** \_\_\_\_\_
    - **Signature:** \_\_\_\_\_
    - **Date:** \_\_\_\_\_
  - **Receipt of Final Cash and Reconciliation:**
    - **Name:** \_\_\_\_\_
    - **Signature:** \_\_\_\_\_
    - **Date:** \_\_\_\_\_
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