



**INCOME SUBMISSION FORM**

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Category of Funds: \_\_\_\_\_ Amount Received as Donation: \$ \_\_\_\_\_

Cash Detail:			
Type	Qty	Amount	Comments
\$100		\$	
\$50		\$	
\$20		\$	
\$10		\$	
\$5		\$	
\$1		\$	
Coins	-	\$	
<b>Total Cash:</b>		\$	
Check Detail:			
No.	Check	Amount	Comments
		\$	
		\$	
		\$	
		\$	
-	-	\$	Page 2 _____ list of additional checks attached
<b>Total Checks:</b>		\$	
		\$	<b>TOTAL AMOUNT ENCLOSED</b>

As a healthy financial practice, please have a 2nd member/volunteer count the cash & checks to tally the total amount enclosed. Both people should sign and please include e-mail/phone number in case we need to contact you.

\_\_\_\_\_  
Signature Printed Name Email / Phone No.

\_\_\_\_\_  
Signature Printed Name Email / Phone No.

.....  
(for Committee use)

Total Amount received: \$ \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
Treasurer's Signature Printed Name Date