

Pacific Grove High School

ASB/Athletic Event Cash Count Form

Name of Event: _____

Date: _____

Notes regarding event: _____

Start Up Cash Amount	Denominations (A)	Number of Bills or Coins (B)	Total Amount Collected
	Pennies		
	Nickels		
	Dimes		
	Quarters		
	Half Dollars		
	Dollar Bills		
	Five Dollar Bills		
	Ten Dollar Bills		
	Twenty Dollar Bills		
	Fifty Dollar Bills		
	One Hundred Dollar Bills		
		Total amount of all cash	\$
	Total Number of Checks:	Total amount of all checks	\$
Total cash to start:		Total amount of all cash and checks	\$

Signature of person (#1) counting cash - _____

Signature of person (#2) counting cash - _____

Signature of Advisor - _____

Verified by ASB Bookkeeper - _____ Date: _____

Income - Date of Deposit: _____

Account Name: _____

Account Number: _____