

NAIS PTO FUND SUBMISSION FORM

Name: _____

Email: _____

Event or Committee: _____

	Chairperson/Submitter	Treasurer Verification
Number of Checks		
Total Amount of Checks		

Cash:	Chairperson/Submitter		Treasurer Verification	
	Quantity	Value	Quantity	Value
\$100 Bills				
\$50 Bills				
\$20 Bills				
\$10 Bills				
\$5 Bills				
\$2 Bills				
\$1 Bills				
Coins	N/A		N/A	
Cash Total	\$		\$	
Cash / Check Total	\$		\$	

Chairperson/Submitter Signature

Date

2nd Counter Signature

Date

For NAIS PTO Treasurer Use:

Form #:	
Date Received:	
Date Verified:	
Budget Category:	
Date Deposited:	
Signature/Date:	