



Funds Collected Form

We recommend that you keep records of all funds collected using this form or one of your own design.

Purpose/Event: _____ Date: _____

Funds Verified by: (2 signers please)

Signature

Signature

Print Name

Print Name

Loose Coins

Item	Quantity	Total
Half-Dollars		
Quarters		
Dimes		
Nickels		
Pennies		
Total Loose Coins		

All Others

Item	Quantity	Total
Rolled Coins		
Ones		
Fives		
Tens		
Twenties		
Fifties		
Hundreds		
Checks		
Total		
Grand Total (Loose + All Others)		

Funds Disbursed to:

Organization: _____ Date: _____

Received by: _____

Print Name

If possible, attach a receipt from the organization receiving the funds.