

# Exploris Middle School PTO FUNDS RECEIVED FORM

DATE \_\_\_\_\_

**INCOME/FUNDRAISING ACTIVITY:** (ex. Silent Auction; Kroger Cares)

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**BUDGET CATEGORY** (ex. Frolic; Passive Fundraising) \_\_\_\_\_

## **FUNDS RECEIVED:**

COINS: \$ \_\_\_\_\_

CURRENCY: \$ \_\_\_\_\_

CHECKS: \$ \_\_\_\_\_

**TOTAL FUNDS RECEIVED \$** \_\_\_\_\_

The undersigned certify that the funds shown above were received for PTO activities and properly accounted for in accordance with PTO policies, and are to be credited to the appropriate PTO account as noted.

Signature of Counter\* \_\_\_\_\_ Date \_\_\_\_\_

Committee Chair Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**\*PLEASE MAKE SURE THIS FORM IS FILLED OUT COMPLETELY.  
ALL SIGNATURES ARE REQUIRED. COUNTER AND COMMITTEE CHAIR MAY BE THE SAME.**

## **FOR TREASURER'S USE ONLY:**

Amount Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Specific Budget Item(s) Credited: \_\_\_\_\_

Comments: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_