

Cash Count Form

Account Name _____
 Account # _____
 Date _____
 Person-In-Charge _____
 Contact Number/Email _____

Cash

Checks

\$1	X		=	\$		\$	X		=	\$
\$5	X		=	\$		\$	X		=	\$
\$10	X		=	\$		\$	X		=	\$
\$20	X		=	\$		\$	X		=	\$
\$50	X		=	\$		\$	X		=	\$
\$100	X		=	\$		\$	X		=	\$
\$0.01	X		=	\$		\$	X		=	\$
\$0.05	X		=	\$		\$	X		=	\$
\$0.10	X		=	\$		\$	X		=	\$
\$0.25	X		=	\$		\$	X		=	\$
\$1.00	X		=	\$		\$	X		=	\$
Total				\$		Total				\$

Total Cash _____

Total Checks _____

Grand Total _____

Source of Income/Event Name (Required) - _____

Authorized Signature _____ Authorized Signature _____
 Print Name _____ Print Name _____

(Note: Two Signatures are required for a dual custody cash count)

Foothill Student Accounts Office Use Only

St.Accounts Manager
 Signature _____ (only for CLUBS)

Note: Student Accounts Office does not accept cash/check deposits.
All deposits MUST be made at the Bookstore.

CASH RECEIPT LOG

ACCOUNT NAME:

ACCT#:

\$ AMOUNT PAID:							
DATE	PAYER'S NAME	DESCRIPTION	CASH \$\$	CHECK \$\$	CHECK #	PAYER'S INITIAL	RECEIVED BY
		TOTAL AMOUNT:	\$	\$			
		TOTAL CASH:	\$				
		TOTAL CHECKS:	\$				
		GRAND TOTAL:	\$				

RECEIPT#:
DATE: