

EHS PTSA RECEIPT OF FUNDS

DATE _____

Name	Check #	Amount								Please specify Event for "Other"	Total
		Membership	Pass the Hat	Onsite Mock SAT	Recognition Wall Tile	Senior Sendoff	Senior Apparel	Bazaar	Other		
Total each column											

Verified by _____

Date _____

Verified by _____

Date _____

Treasurer's signature _____

Date _____