.....CHSPTA CASH VERIFICATION FORM.....

RECEIVED FROM: _____

EVENT: _____

DATE(S): _____

CURRENCY:	#	$
$1.00		$
$5.00		$
$10.00		$
$20.00		$
$50.00		$
$100.00		$
OTHER		$
TOTAL $:	TOTAL:	$

COINS:	#	$
Pennies		$
Nickels		$
Dimes		$
Quarters		$
Other		$
	TOTAL:	$

CHECKS:

	TOTAL: $

CREDIT CARDS (attach clode-out summary from credit card machine): TOTAL: $

TOTAL FOR EVENT: _____

VERIFICATION:

SIGNATURE	PRINT NAME	DATE
SIGNATURE	PRINT NAME	DATE