

**PATRICK HENRY LOCAL SCHOOLS
ACTIVITY ACCOUNT PAY-IN FORM**

Activity Account Name _____

Source of Revenue _____

Account Receipt Code _____

Advisor _____

Date _____

RECONCILIATION OF MONIES COLLECTED

<u>Checks:</u>	<u>Bills:</u>	<u>Coins:</u>
Please list	One (\$1) \$ _____	Quarter (.25) \$ _____
All checks	Five (\$5) \$ _____	Dimes (.10) \$ _____
On the back	Ten (\$10) \$ _____	Nickel (.05) \$ _____
Of this sheet	Twenty (\$20) \$ _____	Penny (.01) \$ _____
	Other \$ _____	Other \$ _____

Total			
Checks \$ _____	Total Cash	\$ _____	Total Coins \$ _____
(1)		(2)	(3)

Total Money Collected \$ _____
(1+2+3)

All cash collections **MUST** be counted in the presence of another individual prior to deposit.
The signature of those individuals on this form attest to the accuracy of the amounts collected.

Depositor Signature _____

Verification Signature _____

