

CASH REPORT

Note: Form to be completed by chairperson and returned to the treasurer within 4 business days of the activity.

School: Triangle School

Date: _____

HSA Function: _____

Checks \$ _____

Ones \$ _____

Five's \$ _____

Ten's \$ _____

Twenty's \$ _____

Other \$ _____

Coins \$ _____

Cash total \$ _____

Treasurer can
attach copies of
deposit slips here:

Grand total

Chairperson's Signature:

Treasurer's Note

Co-Chairperson's Signature:

Treasurer's Signature:
