

CASH RECEIPTING FORM

Event Nam	e:					
Event Date:		Event Coordinator:				
Event Purpo	ose:					
If this is a fo	_	ent where a payment to a	n organisation is requir	ed, please describe the		
А. 🗌	Cheque Make out a cheque payable to the following (please make sure you confirm the registered name of the Association/Organisation) and include the current address.					
В. 🗌		he following details.				
	Organisation Name: Bank: Reference:					
	BSB:	Account No:				
Accounts ch	<u>necklist</u>					
Payment Receipted:		Date/Time	Signature	Receipt No		
Cash Banked:		Date/Time	Signature	Location		
Payment generated:		Date	Signature	Cheque/EFT No		

Count Record

For P&F events the first count should be conducted by at least 2 P&F members. By signing this counting record you are confirming that all money has been collected in accordance with Cash Handling procedures and the following is a true record. No money should be removed from takings for any purpose.

Co	ount 1		Count 2		
Coun	ter Name		Counter Name		
Counte	r Signature		Counter Signature		
Coun	ter Name		Counter Name		
Counte	r Signature		Counte	Counter Signature	
	Date			Date	
\$	С	Notes	\$	С	
		\$ 100			
		\$ 50			
		\$ 20			
		\$ 10			
		\$ 5			
		Total Notes			
		Coin			
		2 dollar			
		1 dollar			
		50 cents			
		20 cents			
		10 cents			
		5 cents			
		Total Coin			
		TOTAL			