

Methacton Football Parent Club Check Request

Date Submitted: _____

Check # _____

Amount \$ _____

Budget Item / Activity to be charged: _____

Make Check Payable to: _____

Address (if mailing): _____

Original receipts / Invoices must accompany this request.

Store / Vendor	Item Description	Amount (w/out tax)

Total Amount (without tax) \$ _____

Total Sales Tax \$ _____

Total Reimbursement \$ _____

NOTE: All transactions must be approved prior to payment.

Board of Director's Signature _____ Date _____

Treasurer's Signature _____ Date _____

Attach original receipts to the back of this form. Return completed form with receipts to Treasurer's mailbox in the workroom. Thank you.

Methacton Football Parent Club

FUNDS RECEIVED

Date _____

Budget item to credit _____ amount _____
 _____ amount _____
 _____ amount _____
 _____ amount _____

Funds to be counted by 2 people, signed below, and recounted by Treasurer.

Cash	Coins	#	.01	\$
			.05	\$
			.10	\$
			.25	\$
			.50	\$
			1.00	\$
	Bills		1	\$
			5	\$
			10	\$
			20	\$
			50	\$
			100	\$
Cash Sub Total				\$
Checks Sub Total				\$
Other Sub Total				\$
Total Funds Received				\$

We certify these funds were received for **MFPC** activities and properly accounted for:

Signatures: Counter 1 _____ Counter 2 _____

Treasurer's Use Only

Date received _____ Amount received \$ _____

Date deposited _____ Treasurer's Signature: _____

Methacton Football Parent Club Cash Box Request Form

Submit this request to the Treasurer one week in advance of the event.

Date: _____

Name: _____

Phone: _____

and/or Email: _____

Event _____

Date: _____

Requested Amount: \$ _____
Please specify how much of each you
will need in the cash box

Bills	
Ones	\$
Fives	\$
Tens	\$
Twenties	\$
Coins	
Pennies	\$
Nickels	\$
Dimes	\$
Quarters	\$

Treasurer's Use

Cash On Hand \$ _____

Withdrawn from Bank \$ _____

Start Up Funds In Cash Box <i>Treasurer's Use</i>	
Bills	
Ones	\$
Fives	\$
Tens	\$
Twenties	\$
Coins	
Pennies	\$
Nickels	\$
Dimes	\$
Quarters	\$
Coins Total	\$
Bills Total	\$
Total Start Up Amount in Box	\$

Funds provided by MFC \$ _____ by _____

Start Up Amount Verified by: _____

Sign, date and leave form in the cash box

Individual receiving cash box funds at end of event: _____

Signature and date of individual receiving

Date withdrawn money returned to bank _____

Attach **Check Request Form**, and close cash box with **Funds Received Form**