

**East Meck PTSO
RECEIVED FUNDS**

Please have income counted, verified &
signed by 2 persons, not including the treasurer.

Date: _____
Committee Name: _____

Coins: _____
Currency: _____
Checks: _____
Total Funds Received: _____

FOR OFFICE USE
Date received:
Amount:
Income Category:

The undersigned certify that the funds shown above were received for EMHS PTSO activities and are accounted for and credited to the appropriate PTSO account.

Signatures: _____

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