

**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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