

The Strong Center Incorporated
FUNDS RECEIVED FORM
(Please Print)

FUNDRAISING ACTIVITY _____ DATE _____

BUDGET CATEGORY _____

FUNDS RECEIVED:	
COINS:	\$ _____
CURRENCY:	\$ _____
CHECKS:	\$ _____
TOTAL FUNDS RECEIVED	\$ _____

Pennies:	_____
Nickels:	_____
Dimes:	_____
Quarters:	_____
Total Coins:	_____

Ones:	_____
Fives:	_____
Tens:	_____
Twenties:	_____
Total Currency:	_____

The undersigned certify the funds above were received for Strong Center activities and properly accounted for in accordance with the Booster Club Money Management Policy, and are to be credited to the appropriate Booster Club account as noted.

SIGNATURE OF COUNTER _____ Date _____

SIGNATURE OF COUNTER _____ Date _____

COMMISSIONER SIGNATURE _____ Date _____

<u>FOR STRONG CENTER USE ONLY:</u>	
Amount Received: \$	_____ Date _____
Budget Item Credited:	_____
Comments:	_____
Commissioner's Signature	_____