

GAYHEAD ELEMENTARY SCHOOL PTA RECEIPTS VOUCHER

Committee: _____

Name: _____

Telephone: _____ Date: _____

BILLS	COINS	CHECKS
Ones	Pennies	
Fives	Nickels	
Tens	Dimes	
Twenties	Quarters	
Fifties		
Hundreds		
TOTAL:	TOTAL:	TOTAL:

GRAND TOTAL \$ _____

Signature: _____

Signature: _____

Received by: _____ Date: _____