

Decatur City Schools  
PTO  
Membership Drive

Date of Membership Drive: \_\_\_\_\_

Number of Membership Donations:

\_\_\_\_\_ X \$Enter Amount = \$\_\_\_\_\_

**Cash Reconciliation:**

_____	\$1 Bills	= \$ _____
_____	\$5 Bills	= \$ _____
_____	\$10 Bills	= \$ _____
_____	\$20 Bills	= \$ _____
_____	\$50 Bills	= \$ _____
_____	\$100 Bills	= \$ _____
	Coins	= \$ _____
	Checks	= \$ _____
	<b>Total:</b>	= \$ _____

\_\_\_\_\_  
Counter 1 Signature

\_\_\_\_\_  
Counter 2 Signature

<p>For Office Use Only:</p> <p>Verified by Bookkeeper _____</p> <p>Master Receipt # _____</p>
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