

**Briar Woods HS PTSO
Receipt of Funds**



Date: _____

Please use this form when you have received funds on behalf of the BWHS PTSO. Return completed form and funds (cash and/or checks) to the PTSO Treasurer for deposit.

\$ _____ Total Cash/Currency

\$ _____ Total Amount of Checks
(attach list of checks, name, amount, #)

\$ _____ PayPal transfer

\$ _____ **TOTAL DEPOSIT**

Revenue Category: _____
(Membership, SAT/ACT, Grad Nite, Grocery Program etc.)

Revenue Details:

Your Name: _____

Your Signature: _____

Email and/or Phone number: _____

For Treasurer use only:

Mobile Deposit Date _____

Bank Deposit Date _____

Paypal transfer Date _____