

FEC
Stingray Boosters

CASH VERIFICATION FORM

Event Name: _____

Event Date: _____

Individual in charge of event: _____

Contact number: _____

Coins

_____ x .01 _____
_____ x .05 _____
_____ x .10 _____
_____ x .25 _____
_____ x .50 _____
_____ x \$1 _____

Currency

_____ x \$1 _____
_____ x \$2 _____
_____ x \$5 _____
_____ x \$10 _____
_____ x \$20 _____
_____ x \$50 _____
_____ x \$100 _____

Checks

Total: \$ _____

Grand Total: \$ _____

Verification:

Signature of money counters	Printed name of money counters
X	
X	