Abraham Lincoln
PTA®
everychild. one voice.®

REVENUE/CASH VOUCHER

NAME		Voucher # (office use only)	
AMOUNT		**DATE**	
	Counted By	**2ⁿᵈ Counted By**	

COMMITTEE / PROJECT	
EXPENSE:	

DENOMINATION	AMOUNT
	$
COINS (pennies, nickels, dimes, quarters etc)	$
BILLS (dollar, five dollar, twenty etc.)	$
CHECKS	$
	$
TOTAL: $	

_____
Treasurers' Signature