



ALPHARETTA HIGH SCHOOL PTSA INCOME REMITTANCE FORM

Please submit this form with all checks and cash received to the Alpharetta High School PTSA Treasurer.

Name: _____ Phone: _____

Date: _____

Total Coins: _____

Total Currency: _____

Total Checks: _____

Total Cash and Checks: _____

ACTIVITY OR EVENT WHERE FUNDS WERE COLLECTED:

The undersigned certifies that the funds shown above were received by the PTSA activity noted and have been accounted for accordingly. They are to be credited to the appropriate PTSA budgeted activity.

SIGNATURE(S): _____

*****Do not write below this line*****

DATE OF DEPOSIT: _____

TOTAL AMOUNT OF DEPOSIT: _____

ACTIVITY TO BE CREDITED: _____