

FOUNDATION

YUBA COMMUNITY COLLEGE DISTRICT

Cash Handling Form

Activity / Event: _____ Date of Activity / Event: _____

Foundation Fund and F-Code: _____ College: _____

Person Completing the Form: _____ Department: _____

Total Cash: \$ _____ Total Checks: \$ _____

Currency	No. of Bills	Total	Cumulative Total
\$100		\$	\$
\$50		\$	\$
\$20		\$	\$
\$10		\$	\$
\$5		\$	\$
\$1		\$	\$
Coin		\$	\$
TOTAL			\$
Opening Balance			\$
			\$

Checks

No. of Checks: _____ Total Value of Checks: \$ _____

Please attach copies of all checks.

Counted by: _____ Date: _____
Print Name / Signature

Counted by: _____ Date: _____
Print Name / Signature

Cashier Verified: _____ Date: _____
Print Name / Signature

Cashier Receipt No: _____ **Please attach a copy of the Receipt.**