

## KIWIN'S Money Handling Form

Division \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_ (Ex. DCM, Night Market)

Reimbursements					
Amount	Name - Person being reimbursed	Signature	Date	Name - Person giving reimbursement	Signature
<b>Total Reimbursements</b>		<i>Person being reimbursed must sign to verify amount received.                      Person giving reimbursement must sign to verify amount given.                      Process reimbursements prior to final cash count.</i>			

Denomination	Quantity	Total
<i>Bills</i>		
\$100.00		
\$50.00		
\$20.00		
\$10.00		
\$5.00		
\$2.00		
\$1.00		
<i>Coins</i>		
\$1.00		
\$0.50		
\$0.25		
\$0.10		
\$0.05		
\$0.01		
	<b>Total Cash</b>	
	Less change fund	
	<b>Net Cash</b>	
	<b>Total Checks*</b>	
	<b>Net Deposit</b>	

Money should be counted and verified by 2 people

<i>Counted By</i>		
Name	Signature	Date
1		
2		

Net Deposit to be given to authorized adult/chaperone/advisor

<i>Received by</i>		
Name	Signature	Date

**Please indicate purpose of the funds.** (Ex. PTP, Division Funds, etc.)

\* List checks on the back of this page