Gate Funds Verification Form

Event:_____
Group: _____**Date**_____

Name	Time IN	Time OUT	Cash Amount	Checks Amount
Starting Funds	-----	-----		

FINAL CASH BOX COUNT:

CASH $_____
CHECKS $_____

TOTAL $_____
Subtract STARTING CASH -$_____
NET FUNDS RECEIVED $_____

FINAL CASH BOX COUNT BY:

PRINT NAME:	SIGNATURE:	DATE:

Name of Person Removing GFunds from Event _____