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| **CASH COUNT SHEET** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| NAME OF FUND: | | | |  | | | | | | | | | | | ACTIVITY: | | | | | |  | | | | | | | | | | | |  | |
| ADDRESS: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| FUND TITLE: | | |  | | | | | | | | | | | | LOCATION: | | | | | | |  | | | | | | | | | | |  | |
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| CURRENCY | | | | | UNITS | | | | | | TOTAL | | | | | | | | | |  | | | | | | | | | | | |  | |
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| $ 100.00 | | x | | |  | | | | | | = | |  | | | | | | |  | | | | | | | | | | | |  | |
| 50.00 | | x | | |  | | | | | | = | |  | | | | | | |  | | | | | | | | | | | |  | |
| 20.00 | | x | | |  | | | | | | = | |  | | | | | | |  | | | | | | | | | | | |  | |
| 10.00 | | x | | |  | | | | | | = | |  | | | | | | |  | | | | | | | | | | | |  | |
| 5.00 | | x | | |  | | | | | | = | |  | | | | | | |  | | | | | | | | | | | |  | |
| 2.00 | | x | | |  | | | | | | = | |  | | | | | | |  | | | | | | | | | | | |  | |
| 1.00 | | x | | |  | | | | | | = | |  | | | | | | |  | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | TOTAL CURRENCY COUNTED $ | | | | | | | | | | | | |  | |  | |
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| ROLLED COINS | | | | | ROLLS | | | | | |  | | TOTAL | | | | | | | | | | |  | | | | | | | |  | |
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| $.50 | | | | |  | | | | | | x | | $ 10.00 | | | | | = $ |  | | | | | | |  | | | | | |  | |
| .25 | | | | |  | | | | | | x | | 10.00 | | | | | = |  | | | | | | |  | | | | | |  | |
| .10 | | | | |  | | | | | | x | | 5.00 | | | | | = |  | | | | | | |  | | | | | |  | |
| .05 | | | | |  | | | | | | x | | 2.00 | | | | | = |  | | | | | | |  | | | | | |  | |
| .01 | | | | |  | | | | | | x | | .50 | | | | | = |  | | | | | | |  | | | | | |  | |
|  | | | | | | | | | | | | | | | | TOTAL ROLLED COINS COUNTED $ | | | | | | | | | | | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| LOOSE COINS | | | | | NUMBER | | | | | |  | | TOTAL | | | | | | | | | | |  | | | | | | | |  | |
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| $.50 | | | | |  | | | | | | x | | $ .50 | | | | | = $ |  | | | | | |  | | | | | | |  | |
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| .05 | | | | |  | | | | | | x | | .05 | | | | | = |  | | | | | |  | | | | | | |  | |
| .01 | | | | |  | | | | | | x | | .01 | | | | | = |  | | | | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | TOTAL LOOSE COINS COUNTED $ | | | | | | | | | | | | |  | | |  | |
|  | | | | | | | TOTAL OF ALL CURRENCY AND COINS COUNTED $ | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| OTHER ITEMS COUNTED | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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| CHECKS AND MONEY ORDERS\* $ | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
| VOUCHERS PAID\* | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
| OTHER, I.E., IOU, ETC.\* | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
| TOTAL | | | | | | | | | | | | | |  | | | | | | | | | | | | | $ | |  | |  | | |
| \* PROVIDE DETAILS ON REVERSE OF THIS FORM. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | | | |  | | | GRAND TOTAL OF ALL CASH ITEMS COUNTED | | | | | | | | | | | | | | | | | | | $ | |  | | |  | |
|  | | | | |  | | | AMOUNT AUTHORIZED | | | | | | | | | | | | | | | | | | | $ | |  | | |  | |
|  | | | | |  | | | DIFFERENCE (OVERAGE OR SHORTAGE) | | | | | | | | | | | | | | | | | | | $ | |  | | |  | |
|  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| I CERTIFY THAT AT | |  | | | | HOURS THIS | | | |  | | | | | | , THE ABOVE CASH AND CASH ITEMS WERE COUNTED IN MY PRESENCE | | | | | | | | | | | | | | | |  | |
| AND THAT THE ABOVE CASH AND CASH ITEMS WERE RETURNED TO ME INTACT. I FURTHER STATE THAT THE ABOVE CASH AND CASH ITEMS REPRESENT ALL MONIES INTRUSTED TO ME FOR WHICH I AM ACCOUNTABLE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| SIGNATURE | | | | | | | | | | | |  | | | | | | | | | | | | | | | | CUSTODIAN | | | |  | |
| TITLE | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
| AUDITOR'S SIGNATURE | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
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