

# SHELTON PARENTS' ASSOCIATION INCOME FORM

Separate the cash and checks, total each separately. All money submitted must be accompanied by this form.

Date:			Committee:			
Submitted by:			Phone #:			
<b>Cash Amount:</b>	<b>Checks Amount:</b>		<b>Credit Cards Amount:</b>		<b>Total:</b>	
CASH:	\$1	\$5	\$10	\$20	\$50	\$100
COUNT:						
NAME			CHECK #		AMOUNT	
<b>Total:</b>						

*Deposit this Income Form and all monies in the Treasurer mail slot in the SPA Office.  
For questions, email [spa.treasurer@shelton.org](mailto:spa.treasurer@shelton.org)*

<b>SPA Treasurer Use Only</b>		
Date Received:	Date to Business Office:	
<b>Shelton Controller Use Only</b>		
G/L Code	Division Code	Activity Code
Date Received:	Date Deposited:	