

## ARSHSA REVENUE REPORT FORM

This ARSHSA Revenue Report Form must be completed and returned to ARSHSA Treasurer within 10 business days of event. Please attach an ARSHSA Revenue Cash/Check Log form.

Date: \_\_\_\_\_

ARSHSA Committee: \_\_\_\_\_

Date of Event/Sale: \_\_\_\_\_

Ones                    \$ \_\_\_\_\_

Fives                    \$ \_\_\_\_\_

Tens                    \$ \_\_\_\_\_

Twenties                \$ \_\_\_\_\_

Other                    \$ \_\_\_\_\_

Coins                    \$ \_\_\_\_\_

**Cash total**            \$ \_\_\_\_\_

**Checks total**        \$ \_\_\_\_\_

**Grand total**        \$ \_\_\_\_\_ (attach Revenue Cash/Check Log)

Committee Member's Signature: \_\_\_\_\_

or

Chairperson's Signature: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

Treasurer's Notes: \_\_\_\_\_

\_\_\_\_\_