



# CUTHBERTSON MIDDLE SCHOOL PTSO

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## REMITTANCE FORM

Date Requested/Submitted: Chair Person(s):

Phone Number:

Email:

Event/Activity:

### CREDIT CARD CHARGES

Number of Transaction:      Amount:      Total Credit Charges (A)

### CHECKS

Check Numbers:	Amount:	CASH Denomination:	Quantity:	Amount:	Comments:
		\$100.00			
		\$ 50.00			
		\$ 20.00			
		\$ 10.00			
		\$ 5.00			
		\$ 1.00			
		\$ 0.50			
		\$ 0.25			
		\$ 0.10			
		\$ 0.05			
Carry over from back <sup>(1)</sup> :		\$ 0.01			
Total Checks (B)		Total Cash (C )			

**Grand Total A + B+ C**

**(1) Total amount of checks itemized from the back of this form if endorsing more than 10 checks.**

### For Treasurer's Use Only:

Amount Received:      Date Received:      Date Deposited:      Date Booked:

Endorser Copy:

Reference No.: