



Compton High School  
 OFFICE OF ASSOCIATED STUDENT BODY CLUBS  
 A.S.B. Website: [WWW.COMPTONASB.COM](http://WWW.COMPTONASB.COM)  
 ASB E-MAIL: [comptontarbabeasb@gmail.com](mailto:comptontarbabeasb@gmail.com)

**Subject:** \_\_\_\_\_

**MONEY ENTRY FORM**

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

Type of Fundraiser: \_\_\_\_\_

(Please attach Inventory Form)

# of Bills	Total \$	# of Coins	Total \$
1 _____	= \$ _____	1 _____	= \$ _____
5 _____	= \$ _____	5 _____	= \$ _____
10 _____	= \$ _____	10 _____	= \$ _____
20 _____	= \$ _____	25 _____	= \$ _____
50 _____	= \$ _____	50 _____	= \$ _____
100 _____	= \$ _____	1 _____	= \$ _____

Total # of bills: \_\_\_\_\_ Total # of coins: \_\_\_\_\_

Grand total in bills: \$ \_\_\_\_\_ Grand total in coins: \$ \_\_\_\_\_

GRAND TOTAL: \$ \_\_\_\_\_

Minus 10% of grand total of revenue for ASB: \_\_\_\_\_

GRAND TOTAL: \$ \_\_\_\_\_

I XXXXXXXXXX assure the amount written above was counted and written with accuracy.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ DATE: \_\_\_\_\_

Position: Advisor / President / Co-President / Vice-President / Treasurer

I XXXXXXXXXX assure the amount written above was counted and written with accuracy.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ DATE: \_\_\_\_\_

Position: Advisor / President / Co-President / Vice-President / Treasurer

**NOTE: All money must be turned into the Activities Office to be placed in the Club Sub-account 1 day after fundraiser.**

**Please Submit original to Activates Office**

**1 Copy for Club Use**