



Imperial Court of the Rocky Mountain Empire
Denver, Colorado
 A 501 (C) 3 Non-Profit Corporation
www.ICRMEDenver.org

CASH RECEIPTS FORM DATE: ____ / ____ / ____

NAME OF FUNCTION: _____

LOCATION: _____

PERSON HANDLING CASH: _____

MONEY COUNTERS:	
1	
2	
3	

SPECIAL PURPOSE or CHARITY	

DOOR	\$	
TIPS	\$	
AUCTION	\$	
BUST	\$	
SQUARE	\$	
TOTAL	\$	

**All deposits must be made within 1 BUSINESS day of function.*

 Person in charge of function

 Title

 Witness / Funds raised verification

 Title