

Date _____

Fund						Org.						Account				Prog.		Activity			BRIEF DESCRIPTION	AMOUNT	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21			

Accountability

Total \$ _____

Coin \$ _____

Currency \$ _____

Checks* \$ _____ *Attach adding machine tape

Total \$ _____

Required Signature _____ Required Department _____

Print Name _____ Phone Number _____

DUPLICATE THIS FORM FOR DEPARTMENTAL RECORDS

<p>BUSINESS OFFICE USE ONLY</p> <p>Receipt # _____</p> <p>Received by _____</p>
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