



**Benefits Department
Monies Received for Benefits**

Monies Received and Receipted

Date: _____

Receipt #: _____ To #: _____

Represents a deposit the amount of \$ _____

State of FL - Retiree Health	\$ _____	7110R0000-3484-0000-00000-00000-00000
State of FL - Retiree Life	\$ _____	1000L2282-0000-0000-00000-00000-00000
FEES (QuickBooks)	\$ _____	7100E7500-7300-9021-00000-00000-00000
Retiree Medicare – Florida Blue	\$ _____	1000L2292-0000-0000-00000-00000-00000
Active Employee Benefits (Life, LTD, STD, Dental, Vision, Acc. Critical Illness, WEX, Pet)	\$ _____	1000L2170-0000-0000-00000-00000-00000

Alachua County Public School Representative

Received By

Date