Business Services Department

Report of Monies Collected

Collection Date:_____

Deposit to Account of:_____

Purpose/Use:_____

Give two copies to bookkeeper who will return the duplicate

Receipt #	Ck # or Cash	Received From	Amount
		Total Deposit	0.00

Signed:_____

Collector Signature

Date Received by Bookkeeper:_____

Received/Verified:_____ Official Receipt #:_____

Bookkeeper Signature