Receipt #_____Thru #_____ Account #: _____

Teacher Signature: _____

LOCATION: BWest High School Date: _____

MONEY COLLECTION SHEET

COPIES OF RECEIPTS MUST BE INCLUDED WITH THIS DEPOSIT

PURPOSE OF COLLECTION:	AMOUNT:

For Office Use Only:

Receipt # _____
Account # _____
Amount: _____
Date: _____
Receipt # _____
Account # _____
Amount: _____
Date: _____

Currency: _____

Coin: _____

Checks: _____

TOTAL DEPOSIT: _____

Bookkeeper's Initials_____

Teacher's Initials _____