TEACHERS CASH RECEIPTS SUMMARY

SCHOOL _____**Date**_____
ACTIVITY_____
NAME OF CLUB OR ORGANIZATION_____

Students Name	Cash / Check		Amount Collected
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Receipt #'s_____
_____
_____

Total Checks $ _____
Total Cash _____

Total Collected $ _____

I hereby certify that this is an accurate and complete
Record of all transactions for the activity noted above.

_____ _____

Teachers Signature Date Office Personnel Signature Date