

Alachua County Public Schools
 Business Services Division

Report of Monies Collected

Date: _____

Deposit to _____
 Account of: _____

Project/Account Name

Purpose/Use: _____

Give both copies to the bookkeeper who will return the duplicate.

Receipt #	CK # or cash	Received from	Amount	
Collection Dates;	From	Thru	Total of Deposit	

Account mask: _____ - _____ - _____ . _____ - _____

Signed _____
 Collector

Received and Verified _____
 Bookkeeper

Official Receipt No. _____