



Benefits Department
Monies Received for Benefits

Monies Received and Receipted

Date: _____

Receipt #: _____ To #: _____

Represents a deposit the amount of \$ _____

Table with 3 columns: Benefit Name, Amount (\$), and ID Number. Rows include NonActiveHEALT, STFLNHEA, CobraServ, NonActiveHealth, NonActiveLIFEI, STFLNLIF, and Group Medicare Supplement.

Alachua County Public School Representative

Received By

Date