

TEACHER'S CASH RECEIPTS REPORT

School: _____ Date: _____

Activity: _____

Name of Club or Organization (If Applicable): _____

Collected	Student's Name	Cash	Check	Amount
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				
			Total Cash	
			Total Checks	
			Total Collected	

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

 Teacher's Signature Date

 Office Personnel's Signature Date

 Receipt #