

RANKIN COUNTY SCHOOL DISTRICT RECEIPT SUBMISSION FORM

Dated submitted to office:	Teacher: Receipt #s: (FROM TEACHER RECEIPT BOOKS)			
Collected for: STUDENT S NAME				
	CASH	CHECK#	AMOUNT PAID	
		Coins: \$		
Teacher/Sponsor/Employee		Currency: \$		
Bookkeeper		Checks: \$ TOTAL DEPOSIT: \$		
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Administrator *	101.	AL DEPOSII: \$_		
*REQUIRED ONLY FOR SNACK SALES, SUPPLY STORE/CART SALES, ETC				
ccount code:	AS400 Recei	pt #:		