

Dothan City Board of Education
Receipt Log

School: _____

Month/Year _____

Reference Number	Vendor Name	Receipt Date	Receipt Amount	Teacher's Signature Teacher's Printed Name	Date Signed	Bookkeeper's Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Approved By: _____
Principal

Date: _____