School Name

MISCELLANEOUS RECEIPT FORM

Club Sponsor/Teacher: _____ **Today's Date:** _____

Club/Fund Event: _____ **Date of Event:** _____

Fund Number/Fund Name: _____

Student Name/Student ID ***(if available)*** ***List three-part receipt # range if applicable.***	**Check Number**	**Check Amount**	**Cash Amount**	**TOTAL**
	TOTALS			

Breakdown of Deposit
(use at bookkeeper's discretion)

Coins _____

Ones _____

Fives _____

Tens _____

Twenties _____

Fifties _____

Hundreds _____

***TOTAL:** **$** _____

**Should agree with total indicated above*

Verification Signature #1: _____

Verification Signature #2:
(if more than $500) _____

Bookkeeper Notes: _____