RECEIPT FORM INDEPENDENT SCHOOL DISTRICT #883 ROCKFORD PUBLIC SCHOOLS

Attach complete documentation to this document when submitting for deposit.

| Date | |
|--|------------------|
| Account Name: | |
| Brief Descriptions of Revenue: | |
| Signature: | |
| | |
| | |
| Currency/Dollars: | Currency/Change: |
| \$1.00 | \$0.01 |
| \$5.00 | \$0.05 |
| \$10.00 | \$0.10 |
| \$20.00 | \$0.25 |
| \$50.00 | \$1.00 |
| \$100.00 | |
| Total Dollars: | Total Change: |
| (attach yellow copoy of cash receipt to this docume Cash Count: Currency: Change: Checks Total (list on back) | |
| Total of Deposit | Initials: Date: |
| Office Use Only: | |
| Codes | |
| Date Entered to Smart Fin Initials | |

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| Check # | Name | Amount | | Check # | Name | Amount |
|---------|------|--------|---|---------|------|--------|
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