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:	

Curren	ncy/Dollars:	
	\$1.00	
	\$5.00	
	\$10.00	
	\$20.00	
	\$50.00	
	\$100.00	
Total Dol	llars:	

Currenc	y/Change:	
	\$0.01	
	\$0.05	
	\$0.10	
	\$0.25	
	\$1.00	
Total Chang	ge:	

(attach yellow copoy of cash receipt to this document for any cash listed)

Cash Count:

Currency:
Change:
Checks Total (list on back)

Total of Deposit	Initials:
-	Date:
Office Use Only:	
Codes	
Date Entered to Smart Fin	
Initials	

Check #	Name	Amount		Check #	Name	Amount
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