

TOTAL

Cash Receipts Log

Signature of

Preparer:

	Please com	plete all columns	and send signed	l original with	cash and ch	necks to the Busines	s Office. Kee	ep a copy for you	r records.
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Cash Receipts for (date)			Department				
Account	Payer	Check Date	Purpose/Description	Amount			
			Checks	\$-			
			Credit Cards	\$-			
			Cash	\$-			