COLLECTION SHEET

DATE: _____

TEACHER'S NAME: _____

AMOUNT OF CASH: _____

AMOUNT OF CHECKS: _____

TOTAL AMOUNT OF DEPOSIT: _____

ACCOUNT NUMBER: _____

COLLECTED FOR: _____

WAVERED STUDENTS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

ITEM #	CHECK #	NAME	CASH TOTAL	_CHECK TOTAL

REC NUMBER _____ BOOKKEEPER SIGNATURE _____