

TEACHER'S CASH RECEIPTS SUMMARY

School: _____ Date: _____

Activity: _____

Name of Club or Organization (If Applicable): _____

	Student's Name	Cash	Check	Amount Collected
1				0.00
2				0.00
3				0.00
4				0.00
5				0.00
6				0.00
7				0.00
8				0.00
9				0.00
10				0.00
11				0.00
12				0.00
13				0.00
14				0.00
15				0.00
16				0.00
17				0.00
18				0.00
19				0.00
20				0.00
21				0.00
22				0.00
23				0.00
24				0.00
25				0.00
		Total Cash		0.00
		Total Checks		0.00
		Total Collected		0.00

I hereby certify that this is an accurate and complete record of all transactions for the activity noted above.

Teacher's Signature

Office Personnel's Signature

Receipt #