

South Gibson County High School Internal School Accounting Teacher Receipt/Collection Log

Date Collected _____

Teacher Name (Print)

Teacher Signature

Purpose _____

Cashier:

Cashier Receipt # _____

Date _____

Cash _____

Checks _____

Total _____

Cashier's Signature _____

No.	Student	Cash Amount	Check Amount	Total Amount	Receipt # (if requested)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
Total Cash/Checks					
			Daily Total		

