

## TEACHERS CASH RECEIPTS SUMMARY

School \_\_\_\_\_ Date \_\_\_\_\_

Activity \_\_\_\_\_

Name of Club or Organization (If Applicable) \_\_\_\_\_

	Student's Name	Cash	Check	Amount Collected
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
12.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
16.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
17.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
18.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
19.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
20.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
21.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
22.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
23.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
24.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
25.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
		<b>Total Checks</b>		\$ _____
		<b>Total Cash</b>		_____
		<b>Total Collected</b>		\$ _____

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

Teachers Signature \_\_\_\_\_ Date \_\_\_\_\_ Office Personnel Signature \_\_\_\_\_ Receipt # \_\_\_\_\_