

**Greene County Tech Schools
Receipt Detail**

RECEIPT #: _____ (NUMBER ADDED BY OFFICE)

STAFF: THIS FORM MUST BE FILLED OUT PRIOR TO MAKING DEPOSITS IN THE OFFICE. THANK YOU SO MUCH FOR YOUR HELP IN THIS MATTER.

Name of Activity Account: _____

Total Cash & Coin _____

Date _____

Total Checks _____

Person turning in deposit: _____

Total Receipt Amount _____

Activity Description: _____

Breakdown of Cash:

Breakdown of Coin:

_____	X	\$100	=	_____
_____	X	\$50	=	_____
_____	X	\$20	=	_____
_____	X	\$10	=	_____
_____	X	\$5	=	_____
_____	X	\$2	=	_____
_____	X	\$1	=	_____

_____	X	\$1.00	=	_____
_____	X	\$0.50	=	_____
_____	X	\$0.25	=	_____
_____	X	\$0.10	=	_____
_____	X	\$0.05	=	_____
_____	X	\$0.01	=	_____

Total Cash _____

Total Coin _____

Checks: Please list checks if less than 10. If more, please attach tape of checks with total amount.

<u>Payee</u>	<u>Check #</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Payee</u>	<u>Check #</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL CHECKS _____

LIST ADDITIONAL CHECKS ON BACK (IF NEEDED)