

SCHEDULE OF DEPARTMENTAL PAYMENTS TO TREASURER

Department _____ Date _____

Receipt from Whom	Source or Purpose	Amount
	TOTAL OF TURNOVER TO TREASURER	

I certify that this is a true and accurate record of payments received by me which I have paid to the Treasurer.

Name _____

Title _____

For completion by the Treasurer:

The above money was received in my office on: _____ Date _____

Treasurer _____

Please distribute as follows:

Original with receipts to Treasurer. A copy will be returned to department.

Copy to Accountant