

LYFORD CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Cash Receipt Voucher

Account Number _____

Account Name _____

Funds collected (itemized below):

	Qty		Denomination	
_____ CURRENCY _____	_____	@ \$	100 's	AMOUNT \$ _____
_____ CURRENCY _____	_____	@ \$	50 's	AMOUNT \$ _____
_____ CURRENCY _____	_____	@ \$	20 's	AMOUNT \$ _____
_____ CURRENCY _____	_____	@ \$	10 's	AMOUNT \$ _____
_____ CURRENCY _____	_____	@ \$	5 's	AMOUNT \$ _____
_____ CURRENCY _____	_____	@ \$	1 's	AMOUNT \$ _____
_____ COINS _____	(please enter total coins at right)			AMOUNT \$ _____
_____ CHECKS _____	(please enter total of checks at right)			AMOUNT \$ _____

Total amount submitted for deposit \$ _____

Amount counted by Business Office \$ _____

Responsible Party _____ Date _____

Principal/Asst. Principal/Director/
Or Supervisor _____ Date _____

===== **For Business Office Use Only** =====

Verified by: _____ Date _____

Witness: _____ Date _____

If amounts were different please indicate why and initial:

