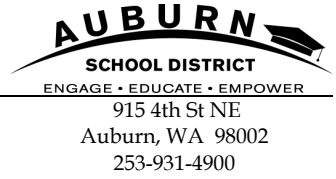


# Accounting Department



## Fundraising Receipt Log

Name of School \_\_\_\_\_

Activity \_\_\_\_\_

Supervisor/Advisor \_\_\_\_\_

**Money MUST be turned in daily to the ASB Bookkeeper.**

| Date | Salesperson (student/parent) | \$ Amount Received | Cash | Check |
|------|------------------------------|--------------------|------|-------|
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |
|      |                              |                    |      |       |

Signature \_\_\_\_\_ Total Collected \_\_\_\_\_

|  |                |               |                |
|--|----------------|---------------|----------------|
| <b>To be completed by ASB Bookkeeper</b> |                |               |                |
| _____                                    | _____          | \$ _____      | _____          |
| Date                                     | Receipt Number | Total Deposit | ASB Bookkeeper |