

Cash Receipt

Date ____/____/____

Received From: _____ Total Amount Received \$_____._____

Description (please attach documentation): _____

IF OVER 25 BILLS OF ANY DENOMINATION PLEASE TAKE TO THE BOOKKEEPER

Account Number: --N-

Card Number: --- Exp /

Credit Card \$_____ Cash \$_____ Coin \$_____ Check \$_____

Prepared by: _____ Date _____

Service Center initials _____ Date _____

Admin Proc. 01-2005-0009 Rev. 08-11

BMCC is an equal opportunity educator and employer.

Cash Receipt

Date ____/____/____

Received From: _____ Total Amount Received \$_____._____

Description (please attach documentation): _____

IF OVER 25 BILLS OF ANY DENOMINATION PLEASE TAKE TO THE BOOKKEEPER

Account Number: --N-

Card Number: --- Exp /

Credit Card \$_____ Cash \$_____ Coin \$_____ Check \$_____

Counted and Prepared by: _____ Date _____

Service Center initials _____ Date _____

Admin Proc. 01-2005-0009 Rev. 08-11

BMCC is an equal opportunity educator and employer.