



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.



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