RUTHERFORD COUNTY SCHOOL SYSTEM

COLLECTION LOG

SCHOOL: CENTRAL MAGNET

TEACHER/SPONSOR: DATE:

STUDENT NAME	COLLECTED FOR	CASH RCPT NO.	CHECK NO.	CHECK NAME IF DIFFERENT FROM	$ AMOUNT RECEIVED
CASHIER USE ONLY				TOTAL RECEIPT $	$0.00

check total$ cash total$

CASHIER USE ONLY		
DATE		
AMOUNT COLLECTED		SIGNATURE:
CASH RECEIPT NO.		ACCOUNT CODES:
CASHIER'S INITIALS		

BOOKKEEPER TO VERIFY