

ST JOHNS CLASSICAL ACADEMY

REPORT OF MONIES COLLECTED

___ Fleming Island ___ Orange Park (Select One)

Collection Purpose: _____

PREPARED BY: (NAME TEACHER, SPONSOR, COACH) _____ DATE: _____

Account Name and Number _____

STUDENT'S NAME (List names separately)	Receipt Number	CHECK or Money Order #	CHECK or Money Order Amount	CASH Amount	TOTAL			
1					\$ -			
2					\$ -	CURRENCY		
3					\$ -	# of Bills	Denom	Amount
4					\$ -		\$100.00	\$ -
5					\$ -		\$50.00	\$ -
6					\$ -		\$20.00	\$ -
7					\$ -		\$10.00	\$ -
8					\$ -		\$5.00	\$ -
9					\$ -		\$2.00	\$ -
10					\$ -		\$1.00	\$ -
11					\$ -	Total Bills		\$ -
12					\$ -	COINS		
13					\$ -	# of Coins	Denom	Amount
14					\$ -		\$1.00	\$ -
15					\$ -		\$0.50	\$ -
16					\$ -		\$0.25	\$ -
17					\$ -		\$0.10	\$ -
18					\$ -		\$0.05	\$ -
19					\$ -		\$0.01	\$ -
20					\$ -	Total Coins		\$ -
21					\$ -			
22					\$ -	TOTAL CURRENCY/COINS: \$ -		
23					\$ -	CHECKS+CURRENCY/COIN: \$ -		
24					\$ -	TOTAL Bookkeeper Count: \$ -		
25					\$ -			
TOTALS:			\$ -	\$ -	\$ -			

OVER/ (SHORT) \$ _____

VERIFIED BY (SIGNATURE):
TEACHER, SPONSOR, COACH _____ DATE: _____

SCHOOL BOOKKEEPER _____ DATE: _____

POLICIES

1. No cash/checks/coins are to be held in classrooms overnight. All revenue MUST be brought to the school bookkeeper daily. Any funds lost due to failure to follow procedures will be the responsibility of the teacher, coach, or sponsor. **2.** The bookkeeper will verify total amount and cash receipts in your presence and provide a signed copy for your records. **3.** No revenue will be accepted without this form completed. **4.** All cash must be organized by denomination and facing the same direction. **** Select school for deposit. Enter the purpose of collection ie/ spirit days or volleyball. Enter name of preparer. Enter each amount received by student, cash/check/coin etc. Total on the bottom and sign.**