

**SCHEDULE OF DEPARTMENTAL PAYMENTS TO TREASURER**

**Department:**

**Date:**

Receipt from Whom

Source or Purpose

Check Number  
Or indicate if Cash

Amount

Receipt from Whom	Source or Purpose	Check Number Or indicate if Cash	Amount
		<b>Total</b>	

I certify that this is a true and accurate record of payments received by me which I have paid to the Treasurer.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

The above money was received in my office on: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Treasurer

Please distribute as follows:

- Original with receipts to Treasurer (A signed copy will be returned to Department)
- Copy to Accountant