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COLLEGE OF MARIN

Statement of Cash Collections

PLEASE PRINT

CAMPUS_____ DATE COLLECTED_____ DATE PREPARED _____

DEPARTMENT _____ PREPARED BY_____

TO: Fiscal Services

1. Enclosed cash is to be credited in accordance with the detail presented below.
2. Cash register tape, receipts, or other verification of collection must be included. SHOW TOTAL _____

NAME OF ACCOUNT	ACCOUNT NUMBER	$ AMOUNT

3. TOTAL . . . . . $ 0.00

CASHIER'S RECONCILIATION OF ACTUAL CASH DELIVERED

Cash shortage (if any) . . . . . a/c DEDUCT $ ( )

Cash overage (if any) . . . . . a/c ADD $

COIN _____ CURRENCY _____ CHECKS _____ MC OR VISA _____

EFT _____

Hard Copies _____

Credit Voids _____

TOTAL FOR DEPOSIT (Same as "2" above) . . . . . $

FISCAL SERVICES USE:

EFT charge card declines . . . . . a/c DEDUCT $ ( )

ADJUSTED TOTAL FOR DEPOSIT . . . . . $ 0.00

Deposit counted and verified by (Cashier) _____ Date

Rev. 2/13