Independence SCHOOL DISTRICT *Inspiring Greatness*

RECORD OF PAYMENTS RECEIVED

(ALL money is to be submitted DAILY to the Building Cash Receipts Office for deposit. Submit this form with checks and cash to be deposited.)

Employee:			**Group/Event:**			**Date:**
Cash	**$**	**Checks**	**$**	**Total Submitted**		**$**
Fund	**Function**	**Object**	**Building**	**Project**	**Activity**	**Amount**

Signature_____ Date_____

For Benefit Of	**Payer Name**	**Purpose**	**Ck#/Cash (Do not copy checks)**	**Amount**
			TOTAL	