Clear Form Import Data Submit Form

Miami-Dade County Public Schools
giving our students the world

RECAP OF COLLECTIONS

DEPOSIT TO ACCOUNT OF:

DATE OF COLLECTION _____

_____
Account Name

OBJECT	PROGRAM	FUNCTION	SUB-LEDGER

SOURCE AND EXPLANATION OF COLLECTIONS	AMOUNT	
TOTAL COLLECTED	0	00

☐ Cash $_____

☐ Checks $_____

☐ Credit Card $_____

SIGNED _____
Account Representative

PREPARE THIS FORM IN DUPLICATE.

Original Secretary/Treasurer
Copy Depositor

MSAF COMPUTER RECEIPT NUMBER _____

878-5058

FM-1004 Rev. (01-00)