

NAME OF RESPONSIBLE PERSON

PROGRAM NAME

DATE SUBMITTED

CHECKS:	TOTAL NUMBER OF CHECKS INCLUDED	\$ TOTAL OF ALL CHECKS
	_____	_____
CASH:	# TOTAL	\$ TOTAL
\$100 BILLS	_____	_____
\$50 BILLS	_____	_____
\$20 BILLS	_____	_____
\$10 BILLS	_____	_____
\$5 BILLS	_____	_____
\$1 BILLS	_____	_____
COINS	_____	_____

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