

Dept. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date Prepared by Dept. \_\_\_\_\_  
 Receipts Attached # \_\_\_\_\_  
 thru # \_\_\_\_\_

**TROY UNIVERSITY**  
**CASHIER DEPARTMENT**  
**TROY, ALABAMA**

CASHIERS USE ONLY	
RECEIPT NO.	_____
DATE	_____

**COLLECTIONS REPORT/RECEIPTS VOUCHER**

ACCOUNT NAME	ACCOUNT NUMBER	CASH CODE	DESCRIPTION	GROSS COLLECTIONS	SALES TAX	ADJUSTMENTS EXPLAIN BELOW*	NET AMOUNT	D/C
			SALES TAX TOTAL					
			OVERAGE/SHORTAGES					
* Explain Adjustment:			TOTAL			GRAND TOTAL ⇨		

\* Explain Adjustment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUBMIT IN DUPLICATE.  
 AFTER THE COPY IS  
 VALIDATED, IT WILL BE  
 RETURNED AS YOUR  
 RECEIPT.

SUMMARY PAYMENT MODE	
CHECK & M.O.'S	
CURRENCY	
COIN	
CREDIT CARDS	
OTHERS	
TOTAL ⇨	

Prepared by \_\_\_\_\_

I CERTIFY THIS TO BE A TRUE AND CORRECT REPORT OF INCOME RCVD. TO DATE

Distribution: 2 copies — Cashier

Copy to — Department

\_\_\_\_\_

SIGNATURE

ENDORSE CHECKS AND ATTACH  
 TWO ADDING MACHINE TAPES