AGENCY NAME
CASH RECEIPTS JOURNAL VOUCHER WITH SUMMARY

DOCUMENT ID: COMPANY: Page ____ of ____

APP. CODE: GL EFFECTIVE DATE: Deposit No.: _____

ACCT RULE DATA TYPE CODE: CLOSED PERIOD: Deposit Date: _____

SUMMARY

LINE NO.	ACCOUNT	CENTER	AMOUNT	DR-10 CR-60	LINE DESCRIPTION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Prepared by: _____ Approved by: _____ $ TOTAL DEBITS

Entered by: _____ Approved by: _____ $ TOTAL CREDITS

DETAIL CHECK LIST

CHECK NO.	PAYOR/VENDOR NAME	AMOUNT	DR-10 CR-60	ACCOUNT	CENTER

DETAIL CHECK LIST (Page 2)

CHECK NO.	PAYOR/VENDOR NAME	AMOUNT	DR-10 CR-60	ACCOUNT	CENTER