



To complete this form electronically,
it must be opened in *Adobe Reader!*

**Monthly General Fund Revenue
Transmittal No.** _____

School Month

This report is due to the Administration Office no later than **8:00 AM** four (4) days prior to the last working day of the month.
Deposit receipts are due the day of the deposit.

GL 960 REVENUE ACCT #	AMOUNT	GL 960 REVENUE ACCT #	AMOUNT
-----------------------	--------	-----------------------	--------

0000-21-0000-XXXX	STUDENT FEES
1. Student	_____
2. P.E.	_____
3. _____	_____
4. _____	_____
0000-21-0000- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TOTAL _____

8852-21-0000-8180 PARENT TUITION _____

0002-21-0000-0000 SUMMER SCHOOL _____

7100-2X-0000-XXXX	DRIVERS ED
1. 7100-21-0000-XXXX Tuition	_____
7100-21-0000- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TOTAL _____

2. 7100-22-0000-XXX License & Test Fees	_____
7100-22-0000- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TOTAL _____

0100-22-0000-XXXX	SALE SUPPLIES/MATERIALS
1. Shop	_____
2. Arts/Crafts	_____
3. Paper	_____
4. Postage	_____
5. Band	_____
6. Textbooks	_____
7. Copies	_____
8. _____	_____
9. _____	_____
0100-22-0000- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TOTAL _____

0000-22-8110-XXXX	SCHOOL BUS REVENUE
Field Trips	_____
0000-22-8110- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TOTAL <input type="text"/>

7975-25-0000-XXXX	DONATIONS
_____	_____
7975-25-0000- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TOTAL _____

0000-26-0000-XXXX	FINES & DAMAGES
1. Textbook Fines 0100-26-0000-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____
2. Textbook Fines 0022-26-0000-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____
3. Damaged Property	_____
4. _____	_____
5. _____	_____
TOTAL _____	

TOTAL REVENUE _____

BANK DEPOSITS	
<u>DATE</u>	<u>AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____

TOTAL DEPOSITS (Must equal revenue)

Beginning receipt #

Ending receipt #

Date

Signature _____