

NILES CITY SCHOOLS
TREASURER'S OFFICE

DATE _____ RECEIPT NUMBER _____

DESCRIPTION _____

RECEIPT ACCOUNT _____ ACCOUNT NAME _____ AMOUNT _____

DESCRIPTION _____

RECEIPT ACCOUNT _____ ACCOUNT NAME _____ AMOUNT _____

DESCRIPTION _____

RECEIPT ACCOUNT _____ ACCOUNT NAME _____ AMOUNT _____

TOTAL DEPOSIT _____

SIGNATURE

RETAIN PINK COPY
FORWARD ORIGINAL AND YELLOW WITH BANK RECEIPTS TO TREASURER'S OFFICE

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