		NDEPENDENT ENT ACTIVITY			
NAME: ACTIVITY/EVENT: ACTIVITY CODE: ORGANIZATION:					DATE:
QUANTITY X X X X X TOTAL COI	DENOMINATION \$1 (Coin) \$0.25 \$0.10 \$0.05 \$0.01 IN AMOUNT:	AMOUNT	1 2 3 4 5	LAST NAME	CHECK AMOUNT
TOTAL TOTAI	DENOMINATION \$100.00 \$50.00 \$20.00 \$10.00 \$5.00 \$2.00 \$1.00 AMOUNT: COINS: CASH: CHECKS:	AMOUNT	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21		
ADD. CHE	CK SHEET: AMOUNT:			AL AMOUNT CHECKS:	
	TOTAL AMOUNT T	TO BE DEPOSIT	ED:		
Signature of Person Coun		ns and checks should		ntral Office Personnel/Date	