

Location No.

Bookkeeper's Signature: _____ Principal's Signature: _____

\$	-
\$	-
\$	-
\$	-
\$	-

(A) Total	\$ -
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(B) Total	\$	-
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[illegible]

(C) Total Receipts	\$ -
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Date	Check No.	Amount	Date	Check No.	Amount

(D) Total Expenditures	\$	-
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Net Profit/(Loss) (C) Minus (D)

\$ -