



VERIFICATION/RECEIPT FORM

BILLING CODE NAME: _____

BILLING CODE NUMBER: _____

DATE: _____

COINS (Must be rolled)

PENNIES _____

NICKLES _____

DIMES _____

QUARTERS _____

OTHER _____

TOTAL \$ _____

CURRENCY

\$1.00 x _____ = _____

\$5.00 x _____ = _____

\$10.00 x _____ = _____

\$20.00 x _____ = _____

\$50.00 x _____ = _____

\$100.00 x _____ = _____

OTHER _____

TOTAL \$ _____

CHECKS—PLEASE ATTACH A SEPARATE SHEET INCLUDING CHECK NUMBER & AMOUNT

_____ \$ _____ # _____ \$ _____

_____ \$ _____ # _____ \$ _____

GRAND TOTAL CHECK \$ _____

GRAND TOTAL ALL MONIES \$ _____

VERIFICATION REQUIRES 2 SIGNATURES

(FROM INDIVIDUAL WHO COLLECTS THE MONEY/CHECKS AND FROM A SECONDARY INDIVIDUAL)

SIGNATURE _____ SIGNATURE _____

AMOUNT VERIFIED BY DEPOSITOR \$ _____

DEPOSITOR SIGNATURE & DATE _____

QUESTIONS?: E-MAIL ME AT AILEEN82@SBCGLOBAL.NET

**-AILEEN BAILIN
DEPOSITOR**