

**DOUGHERTY COUNTY SCHOOL SYSTEM
ACCOUNTING DEPARTMENT
CASH RECEIPTS TRACKING FORM**

CASH REQUEST:

System Name:	Dougherty County	System No.:	647	
Fiscal Year:		Project No.:		
Program Description:				
Grant Period:		Approved Budget:		
Grant Funds Received and/or Requested through the previous period:				
Estimate Cash Disbursements Through Previous Period:				
Estimated Cash Balance of Funds at End of Previous Period:				
Request For Month/Year	Estimated Requirements	Less Estimated Cash Balance From Previous Period	Requested Amount	Date Paid by DOE

Comments:

Request Entered in GDOE (State Grants Only) Initials: _____ Date: _____

Assistant Director of
Finance or Designee

ACCOUNT RECEIVABLE:

GL Date/Month to Post AR: _____
Fund: _____ Invoice Number: _____ Customer Number: _____

ACCOUNT #	DEBIT	CREDIT
Total		

Comments: _____

Prepared By: _____ Accountant Date: _____ Input By: _____ Bookkeeper Date: _____

Log Updated by Bookkeeper

CASH RECEIPT:

Cash Receipt #: _____ Customer No.: _____
Date Payment Received: _____ Entered Into System
 Cash Receipt Report to Cash Accountant Records Filed

Completed By: _____ Bookkeeper Date: _____