

RECEIPTS TO 360 COLBORNE FORM

School _____

Instructions:

- This form should be used for checks received from companies or organizations. If it is a gift or donation, please follow the gift acceptance procedures found under Procedures at <http://www.spps.org/business>.
- Please list each remitter separately below.
- Please retain a copy of this form for your records.
- Please send this original form and check(s) including check stubs and other backup to the AR Department at 360 Colborne, Second Floor.

Staff Submitting Receipts _____

Staff Name

Phone _____

Contact Number

Purpose of Receipt (ex: Commissions, reimbursement, refund, etc.) If the purpose is refund, please include the invoice number it is related to and/or the expenditure code that was originally charged.

	Remitter	Intraschool Activity/ Student Club Account Name	Purpose	Check Amount
Ex	Valleyfair	Science	Refund on Invoice 123 charged to 19-210-291-000-6395-0000	45.00
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

SIGNATURE

DATE