CITY & COUNTY OF SAN FRANCISCO
RECEIPTS PROCESSING FORM

Department _____

Date of Receipt _____

DOCUMENT NUMBER (System Generated) CR

DEPT. CONTROL NUMBER (Document Reference No.) (DDYYNNNNNNNN)

DEPOSIT NUMBER 1 0 0 — Bank No. Treasurer No.

RIMS ID.

FISCAL PERIOD

FM FY

SECTION A

Ln. No.	Trans Code	Document Reference. Doc. No.	Suf.	Index Code	General Ledger GL	Subsidiary	Sub-Object	User Code	Grant Grant	Detail	Project Project	Detail	Vendor Vendor	Suf.

SECTION B (Description for Transaction)

Revenue Tag Series	Description	AMOUNT
	TOTAL	

Treasurer

Received By: _____ Date

Certification: _____ Date

Controller

Input By: _____ Date

Certification: _____ Date

Prepared By: _____ Date

Department Head _____ Date

Currency _____

Coins _____

Contr. Warrants _____

Checks-For Collection _____

(R.A.D. No._____) _____

TOTAL _____

CITY & COUNTY OF SAN FRANCISCO
RECEIPTS PROCESSING FORM

This portion to be filled out if Department is depositing to Treasurer.

(System Generated)

DOCUMENT NUMBER CR

DEPT. CONTROL NUMBER
(Document Reference No.)

(DDYYNNNNNNNN)

DEPOSIT NUMBER 1 0 0

Bank No. Treasurer No.

COINS

DENOMINATION	QUANTITY	AMOUNT	TOTAL
DOLLARS - $1.00			
HALVES - .50			
QUARTERS - .25			
DIMES - .10			
NICKELS - .05			
PENNIES - .01			

CURRENCY

100.00			
50.00			
20.00			
10.00			
5.00			
2.00			
1.00			
WRAPPED			

CHECKS

TOTAL DEPOSIT