

HOWARD COLLEGE

VERIFICATION OF CASH RECEIVED

ORGANIZATION: _____

PURPOSE: _____ DATE: ____/____/____

By my signature I certify that I received cash for meals or other expenses as stated above.

Each line must be completed by the individual receiving cash. No copies please.

No.	PRINTED NAME	SIGNATURE	CASH RECEIVED
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$
16			\$
17			\$
18			\$
19			\$
20			\$
21			\$
22			\$
23			\$
24			\$
		TOTAL	\$

EMPLOYEE SIGNATURE: _____ DATE: ____/____/____