

State Charitable Contributions Program Accounts Receivable Form

NOTE: Funds collected from the State Charitable Contributions Program should be recorded as a direct journal to **SCOA# 262049, Fund 60180** and submitted to vendor within 5 business days. See instructions below.

Date received: _____

Received by: _____ Department: _____

Coins

Dollars

Checks

.01x _____

1x _____

Check # _____ amount \$ _____

.05x _____

2x _____

Check # _____ amount \$ _____

.10x _____

5x _____

Check # _____ amount \$ _____

.25 _____

10x _____

Check # _____ amount \$ _____

.50x _____

20x _____

Check # _____ amount \$ _____

1.00x _____

50x _____

Check # _____ amount \$ _____

100x _____

Check # _____ amount \$ _____

\$ _____ Total coin amount + \$ _____ Total dollar amount + \$ _____ Total check amount

= \$ _____ Total amount received

Finance Department Representative

Employee

Instructions:

Coordinators: Please remit all funds collected each day to the Finance Department. No cash or checks should be stored in your personal possession. Keep a copy of this form for your records.

Finance: Please remit deposited funds to the SCCP vendor within 5 business days in A/P using SCOA # 262049, Fund 60180 as an ACH payment.