DEPARTMENTAL RECEIPT JOURNAL

Receipts Received By: _____ For Receipts Received in Fiscal Year: _____
(Department Name)

***** Per CT General Statutes Section 4-32 any monies received must be deposited within 24 hours of its receipt. *****

Enter information below for each receipt received

Date of Receipt Rec'd By Dept.	Amount of Receipt	Source of Receipt (Name of Payer)	Description (Purpose of Receipt)	Date Deposited at Bursar's Office	Deposited By	Receipt Deposited Within 24 Hours of Receiving? Yes / No (If "No" explain in "Comment" section)	Comments