



HSC Cash Accountability Sheet

To be completed by the Treasurer:

Check _____

Amount _____

Date _____

Payee _____

Fund _____

Purpose _____

.....
To be completed by purchaser (list expenditures and attach receipts):

DATE	ITEMS OR SERVICE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Expenditures _____

Remarks:

I certify that the above expenditures are accurate to the best of my knowledge.

Signature _____

Date _____