



Pulaski County Special School District Receipt Book Check Out Log

SCHOOL: _____

Receipt Book Range: _____ - _____

SCHOOL YEAR _____

BOOKKEEPER: _____

Check Out

Check In

Date	Teacher/ Sponsor (Please Print)	Beginning Receipt Number (upon receiving book)	Teacher/ Sponsor Signature	Bookkeeper Initial	Date	Last Receipt Number Used (upon returning book)	Teacher/ Sponsor Signature	Bookkeeper Initial

***RETAIN A COPY FOR YOUR RECORDS AND PUT A COPY IN YOUR AUDIT BOX**

***ALL RECEIPT BOOKS YOU HAVE ASSIGNED TO OTHERS MUST BE RETURNED TO YOU BY THE END OF THE YEAR**