

Santa Clara County – Senior Nutrition Program
DAILY RECORD OF RECEIPTS OF CONTRIBUTIONS



SITE _____

Month & Year _____

Date	Participant Contribution	Staff/ Guest Fees	Total	Signatures of Two People Who Count Money	
				1.	2.
				1.	2.
				1.	2.
				1.	2.
				1.	2.
Weekly Total					
				1.	2.
				1.	2.
				1.	2.
				1.	2.
				1.	2.
Weekly Total					
				1.	2.
				1.	2.
				1.	2.
				1.	2.
				1.	2.
Weekly Total					
				1.	2.
				1.	2.
				1.	2.
				1.	2.
				1.	2.
Weekly Total					
				1.	2.
				1.	2.
				1.	2.
				1.	2.
				1.	2.
Weekly Total					

