SALES RECEIPT LOG

Student Organization: _____ Account #: _____

Event: _____ Date: _____

Date	Description	Amount
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
	Grand Total	$ 0.00

Counted By: _____ Date: _____
Signature

Verified By: _____ Date: _____
Signature

Office Use Only:

ASI Staff: _____ Date: _____
Signature