CITY OF REVERE, MASSACHUSETTS
SCHEDULE OF DEPARTMENTAL PAYMENTS TO TREASURER

	Dept:	**Date:**

FROM	RECEIPT DESCRIPTION/ G/L ACCOUNT NUMBER	AMOUNT	TOTAL
	Total:		

No:_____ Date:_____

To the Accounting Officer:

The above is a detailed list of moneys collected by the:_____Dept. amounting in the aggregate to:

_____

I have paid to the Treasurer, whose receipt I hold therefore: _____

Signature of Depositor