

San Bernardino City Unified School District  
BU-100 REPORT OF SCHOOL DISTRICT'S RECEIPTS

\_\_\_\_\_ SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

**TO: ACCOUNTING SERVICES**

Deposit in the amount of \_\_\_\_\_ was made on \_\_\_\_\_ to the District's Bank of America clearing account #04202-00085.  
Attached is a copy of the validated deposit slip. Please credit to the following accounts of this school as reported below.

**ABATEMENTS:**

4110	<u>Textbooks (Damaged, etc.)</u>	_____
4210	<u>Other Books (Damaged, etc.)</u>	_____
4310	<u>Instructional Supplies</u>	_____
4313	<u>Gold Room</u>	_____
4350	<u>Student Records (Office Supplies) (036)</u>	_____
4391	<u>Health Services (Medical Supplies) (063)</u>	_____
5910	<u>Telephone</u>	_____
5112	<u>Educational Field Trips</u>	_____
5813	<u>Bus Passes</u>	_____
6500	<u>Equipment Replacement</u>	_____
	<u>Other :</u>	_____
		_____
		_____
	TOTAL ABATEMENT:	_____

**MISCELLANEOUS INCOME:**

8673	<u>Children's Center (fund 12)</u>	_____
8689	<u>Belvedere Daycare (275)</u>	_____
	<u>Other</u>	_____
		_____
	TOTAL INCOME:	_____

Report of Monies Lost Through Burglary (District Monies Only):

_____	_____	
_____	_____	
	TOTAL LOSSES:	_____
	NET TOTAL DEPOSITED:	_____

District Receipt Numbers Used: From \_\_\_\_\_ To \_\_\_\_\_

Prepared By: \_\_\_\_\_  
Signature Date

Approved By: \_\_\_\_\_  
Site Administrator/Principal's Signature Date

<b>For Accounting Services use Only</b>
DC Ref # _____
SAP # _____
DATE: _____

BU 100 Revised 12/07/07

**Instruction: Complete this portion only if no monies are received during the month.**  
**CERTIFICATION OF NON-RECEIPT OF MONIES**

I hereby certify that no District monies have been received by this site/department during the month.	
_____	_____
Site Administrator/Principal's Signature	Date