Special Olympics Kansas
Monthly/Quarterly
Cash Receipts Journal

Program Name: _____ Month(s): _____

Team Number: _____ Year: _____

Deposit Date	Received From	Amount	Description	Event or Activity
			see below	see below
	Page Total	-		

White Copy: Special Olympics Kansas, 5280 Foxridge Drive, Mission KS 66202
Copy: Retained by Area/Local Program