

CITY OF NEW BEDFORD
Schedule of Departmental Payments to Treasurer
Single Charge Code

Department/Contact:
GL String:
Treasury:

Date:

Charge Code

| From Whom | Source (cash, check, etc) | Amount | Total |
|-----------|---------------------------|--------|-------|
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To the City Treasurer:

The above is a detailed list of revenue collected by me, amounting in the aggregate of

Dollars

Receipt#

Signature:

Title:

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To the Departmental Officer making the Payment

Received in Treasurer's Office _____, the sum of

_____ Dollars

for collections, as per schedule of this date, filed in my office

Receipt#

City Treasurer

By