

TOWN OF BERLIN
SCHEDULE OF DEPARTMENTAL PAYMENTS TO TREASURER

510 - BD OF HEALTH

DATE: _____

ACCOUNT #	TYPE OF RECEIPT	AMOUNT
01-510-0000-4420-4424-0000	Health Licenses	_____

Total given: _____

To the officer making the payment:

Received from _____, the sum of

for collections as per above schedule, filed in my office.

Town Treasurer

*** original goes to Treasurer
copy goes to Accountant
keep copy for yourself