

TOWN OF BERLIN
SCHEDULE OF DEPARTMENTAL PAYMENTS TO TREASURER

COUNCIL ON AGING DATE: _____

ACCOUNT #	TYPE OF RECEIPT	AMOUNT
40-541-3618-4000-4000-0000	COUNCIL ON AGING DONATIONS	_____

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