Exhibit 6

TEACHER COLLECTION LOG

_____ SCHOOL

Date _____

Teacher _____ Collected For _____

Name	Date							
	Amount	CK #	Amount	CK #	Amount	CK #	Amount	CK #
	$		$		$		$	
TOTAL	$		$		$		$	
To be completed by cashier								
Date								
Cash Collections	$		$		$		$	
Check Collections	$		$		$		$	
Total Amount Counted	$		$		$		$	
Receipt Number								
Cashier's Initials								