



Class Payment Record

Workshop: _____ Instructor _____

Location: _____ Dates: _____ Co-ordinator(s) _____

Name	Date Received	Cheque Amount	Cash Amount	EFT Amount	Balance Owing	No. of Tables
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Cheques Cash EFT transfers Tables

Total (this page) _____



Name	Date Received	Cheque Amount	Cash Amount	EFT Amount	Balance Owing	No. of Tables
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						
33.						
34.						

	Cheques	Cash	EFT transfers	Tables
Total (this page)	_____	_____	_____	_____
	Cheques	Cash	EFT transfers	Tables
Grand Total (both pgs)	_____	_____	_____	_____

Income Tally: <i>Check that total amount received equals expected Total Income</i>		
No of Students	Fee/Student	Income \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		\$