CLEAR FORM

PRINT

REVENUE REPORT/DEPOSIT SLIP RECONCILIATION

COURT LOCATION _____

WEEK ENDING _____

CREDIT CARD CHARGES

DATE	AMOUNT	AMOUNT	AMOUNT	AMOUNT	(DISTRICT) IVR	(DISTRICT) EFILER
	$	$	$	$	$	$
	$	$	$	$	$	$
	$	$	$	$	$	$
	$	$	$	$	$	$
	$	$	$	$	$	$
Total	$	$	$	$	$	$

Credit Card Total $ _____

Deposit Slip Total $ _____

TOTAL DEPOSITS: $ _____

REVENUE REPORT TOTAL $ _____

DIFFERENCE: $ _____

REASON: Please check appropriate box(es):

	Amount	Explanation
☐ Bank Deposit Error	$	
☐ Over/(Short)	$	
☐ Other	$	

☐ Returned Items: Checks Returned Unpaid (list below):

Case Number	Name on Check	Amount
		$
		$
		$
		$
		$

(JUVENILE)

OWED TO TRUST FROM REVENUE $ _____

OWED TO REVENUE FROM TRUST $ _____

TOTAL $ _____

RETURN THIS NOTICE WITH WEEKLY REVENUE REPORT