MILFORD, MASSACHUSETTS

A.D. Form 10

SCHEDULE OF DEPARTMENTAL PAYMENTS TO TREASURER

FROM WHOM (Name & Checked if applicable) (List short account) (L	No.:	Department:		Date:					
TOTAL AMOUNT CASH: TOTAL AMOUNT CHECKS: GRAND TOTAL: TOTHE Accounting Officer: The above is a detailed list of moneys collected by me, amounting in the aggregate to (Deposit Amount). For the week ending				CASH	СНЕСК	TOTALS			
TOTAL AMOUNT CHECKS: GRAND TOTAL: TOWN ACCOUNTANT'S RECEIPT No.: Date: To the Accounting Officer: The above is a detailed list of moneys collected by me, amounting in the aggregate to For the week ending (Deposit Amount) (End Date) I certify the above has been received by the Treasurer and I hold the receipt thereof:									
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		(Deposit Amount)	(End D	ate)					
	I ce	rtify the above has been received by	the Treasurer and	I I hold the recei	ipt thereof:				
Department Head Signature Department Head Name & Title		itla							

A.D. Form 9

MILFORD, MASSACHUSETTS

SCHEDULE OF DEPARTMENTAL PAYMENTS TO TREASURER

No.:	Department:	Date:							
	FROM WHOM (Name & Check# if applicable)	SOURCE (List short account)	CASH	СНЕСК	TOTALS				
	(France Creek) It appreciate)	(Eist short account)							
			TOTAL AMOUNT CASH: TOTAL AMOUNT CHECKS:						
	GRAND TOTAL:								
	YOUR	DEPARTMENT	S'S RECEIPT						
No.:		Date:							
I, Christopher C. Pilla, Town Treasurer, accept the sum of									
	(Deposit Amount)								
from_	, for collections per schedule on this date, filed in my office.								
	(Department Name)								
	Christopher C. Pilla, Town Treasurer								
	Christopher C. Filla, Town Treasurer								