RECORD OF CASH PAYMENTS	POLICY **E – 2.2**	PAGE **1 OF 1**

RECORD OF CASH PAYMENTS

Month _____

Date	Amount Paid	Recipient's Printed Name	Recipient's Signature *	Staff Member Approving Payment

* Your signature confirms receipt of payment. It also confirms that you agree to complete a Form W-9 or provide your address and Social Security number if requested by the parish for issuance of Form 1099.