**Exhibit 6**

## TEACHER COLLECTION LOG

_____ **SCHOOL**

**Date** _____

**Teacher** _____ **Collected For** _____

| Name | Date | | | | | | | | | | | | |
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| **TOTAL** | | | | | | | | | | | | | |
| **To be completed by cashier** | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |
| Amount counted | | | | | | | | | | | | | |
| Receipt Number | | | | | | | | | | | | | |
| Cashier's Initials | | | | | | | | | | | | | |