Sheet No.____________________

HOSPITAL CASH RECEIPTS REGISTER

Month of____________________19____

Prescribed by State Board of Accounts

Form GH-3 (Rev. 1966) A. E. Boyce Co., Muncie, Ind. [illegible]

Date	Receipt No.	RECEIVED FROM	MEDICARE Accounts Receivable		NON-MEDICARE Accounts Receivable						GENERAL LEDGER			Cafeteria Sales	Total Receipt	Turnover to Treasurer	
			In-Pat.	Out-Pat.	In-Pat.	Out-Pat.					Description	Acct. No.	Amount				
			112 09	112 18	112 00	112 10								551		Date	Amount
		Totals Brought Forward															
		Totals Carried Forward															

SAMPLE