

# RECEIPT OF REVENUE LOGSHEET

(Name of Facility)	<b>For Central Office Use Only:</b>	
	Date Received:	
(Address of Facility)	All Items Received?	CIRCLE-
	YES OR	NO
	Verified By Who Opened Mail:	
	Verified By AR personnel:	
<b>DATE PLACED IN MAIL:</b>		

## FACILITY Contact Information

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone number)

Reference Number	Check Number	Description	Amount

**Central Office:** Lynn Brock - Supervisor (478) 992-5966

**PLEASE EMAIL THIS LOGSHEET TO:**

**Direct Journal:** Velicia Smith  
(478) 992-5968  
**GROUP EMAIL ADDRESS:** <mailto:Velicia.Smith@gdc.ga.gov>  
<mailto:accounts.receivable@gdc.ga.gov>

**Receivables:** If you mail Central Office, any Invoice/Receivable payments, send LOGSHEET to:  
(478) 992-5969  
**GROUP EMAIL ADDRESS:** <mailto:Suzanne.Brooks@gdc.ga.gov>  
<mailto:accounts.receivable@gdc.ga.gov>

Retention Schedule: Upon completion, this form shall be maintained for five (5) years, then destroyed.