Nevada Division of State Parks
Schedule of Daily Donations

Park: _____ For the Period Covering: _____

Donation Box Location: _____ Page _____ of _____

Account Name: _____

Date	Amount Collected	Collected / Counted By	Cumulative Total

I declare under penalities of perjury that this report has been examined by me and to the best of my knowledge and belief is a true and correct report in conformance with the governing statutes and the rules and regulations as promulgated by the the Board of Examiners, and all monies collected have been reported.

_____ _____

Signature of Preparer Date

ADM - 26 / Policy #00-14
Revised 05/2008