

CARD NO.	NAME / MAILING ADDRESS / CONTACT NOS.	# OF ITEMS √ OUT	DATE DUE	DATE ITEMS RET'D	# OF ITEMS RET'D	BARCODE	AUTHOR (Last, First Name)	TITLE	ITEM PRICE	AMOUNT OWED	PARTIAL PMT	FULL PMNT	RECEIPT NO.	REMARKS / COMMENTS

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Patrons / Items (Books / Non-Books)

Total Number of Patrons: _____

Total Overdue Items: _____

Total Items Returned: _____

Total # of Items Not Returned: _____

Total Book Price: _____

Fines Owed & Paid

Amount Owed: _____

Amount of Partial: _____

Total Amount of Full: _____

Number of Receipts Used: _____