

READ DOWN YOUR FINES 2024 FINE VOUCHER



Date: _____ Librarian's Initials : _____
(in-house)

Name: _____

Times started reading: _____

Times stopped reading: _____

Total Time Read (please round to nearest 15 minutes): _____

Your guardian/parent's sign-off (if read at home):

I agree that _____ read the time recorded above:

Total fines off card: _____

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