

SANBORN REGIONAL SCHOOL DISTRICT
SCHOOL STUDENT ACTIVITIES
ACCOUNT TRANSACTION

DATE: _____

Contact person for this transaction: _____
Name of staff member/parent volunteer, etc.

<u>DEPOSIT</u>	<u>REQUEST FOR CHECK</u>
AMOUNT TO BE CREDITED: _____	AMOUNT TO BE DEBITED: _____
MONIES COLLECTED FROM: _____ _____	PURPOSE: _____
AMOUNT: \$ _____	CHECK PAYABLE TO: _____ _____
DATE DEPOSITED: _____ (Note: Checks must be stamped, coins wrapped and bills banded. Obtain stamp and wrappers at office.)	AMOUNT: \$ _____ (*Except for field trip admission fee which will be entered at field trip site.) DATE/TIME NEEDED: _____ / _____

Activity Representative

Attach Documentation:

- _____ Deposit slip
- _____ Purchase receipt
- _____ Invoice (bill)
- _____ *N/A field trip (receipt to be submitted upon return from trip)