Ashford School
Extracurricular or Field Trip Payment Information

Directions: Enter the amount submitted by each student in either the cash or check column and total each column.

Submitting Teacher (Print): _____Signature:_____Grade/Group: _____

Cost Per Student: _____ Event Date:_____ Event Destination: _____

Student Name	Cash	Check	Check Number
Total	$	$	
Total Amount Collected	$		