Ashford School

Money Collection Information

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

Submitting Teacher :_____ Signature:_____ Grade/Group:_____
Print

Event/Activity:_____ Cost per Student:_____ Date:_____

Date Received	Student Name (+ Check Writer Name)	Cash	Check	Check Number
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	
/ /		$	$	

For Office Use Only

Date Received: __/__/__ By Whom: _____ ☐ $ Amount Verified Initials:_____

Date Deposited: __/__/__ By Whom: _____ Fund ID: _____