Salem School Salem, Connecticut

CASH DEPOSIT SLIP

STAFF MEMBER:		DATE:	
ACCOUNT/GRADE LEVEL:			
FUNDRAISER NAME:			
FUNDS DESIGNATED FOR WH	AT PURPOSE:		
AMOUNT DEPOSITED: CASH:_			
	S:		
	:		
(IF FIELD TRIP - MUST RETU	URN WITH A LIST OF WHO PA	AID AND BY WHAT METHOD)	
SIGNATURE OF STAFF MEMBI	ER TURNING IN MONEY:		
STUDENT ACTIVITY ACCOUN	T MANAGER SIGNATURE:		
jlk ************	*********	*********	
NAME OF FIELD TRIP:			
DATE OF TRIP:	AMOUNT TO BE C (Each person – not to	OLLECTED:	
STUDENT'S NAME	AMOUNT PAID CASH	AMOUNT PAID CHECK	