

**Preston Public Schools
Student Activity Account
Deposit Form**

Please submit this form with money sent to the district office. Please be sure all information is listed.

Date: _____

Name of Activity: _____

Name of Trip: _____

Name of Teacher/Advisor: _____

Total Amount of Money Received: _____

Cash: _____

Checks: _____

Signature: _____

Receipt Number: _____

**Preston Public Schools
Student Activity Account
Withdrawal Form**

Date: _____

Please Issue Check to: _____

Please Withdraw From: _____

In the Amount of _____ **by** _____

Name of Teacher/Advisor: _____

Reason for Withdrawal: _____

Mail Check to the Following Address:

Teacher/Advisor Signature: _____

Principal Signature: _____

**School Activity Account
Field Trip Receipt**

Sources of Revenue

Anticipated Total Cost of Trip: _____

Total amount to be collected from students: _____

Total amount to be paid from funds in an existing activity account: _____

\$ per Student: _____

\$ per Chaperone: _____

Total Collected: _____

****Name of School Activity Sub Account:** _____

****Must be approved in advance by Building Administrator and verified by Superintendent/Business Manager:**

Building Admin: _____ **Date:** _____

Super/Business Manager: _____ **Date:** _____