



**TUPELO PUBLIC SCHOOL DISTRICT
2023-24 MONTHLY TRANSMITTAL REPORT COVER SHEET**

Name of School: _____

Name of Principal: _____

Report for the Month Ending: _____

Please complete the following information each month:

■ Total amount for deposits made this month: \$ _____

■ Total amount for receipts written this month: \$ _____

■ Office receipt numbers written # _____ to # _____

■ Difference: \$ _____

Receipts should equal deposits each month. If there is a difference, please explain.

This Transmittal Report is verified accurate in all aspects:

Principal Signature | Date

Note: This form is due in the Finance Office by the 5th working day following the close of a month. A copy, green deposit slips and bank deposits should be attached.

