

**Midland Independent School District
Student Activity Fund
Internal Deposit Slip**

Date: _____

Campus : _____

Sponsor Rcpt Range
or CRR #: _____

Account/Club Name: _____

Amount: _____

Account #: _____

Master Receipt #: _____

Bag #: _____

Bills	#	Amount	Coins	#	Amount
\$100			1.00		
\$50			0.50		
\$20			0.25		
\$10			0.10		
\$5			0.05		
\$2			0.01		
\$1					
	TOTAL Bills			TOTAL Coins	

Checks (Last Name, Check #)	Check Amount	Checks (Last Name, Check #)	Check Amount
		Total Checks (this page)	
		Total Checks (other pages)	
		Total Deposit	

I have verified the cash count as indicated above.

Sponsor: _____
Print Name
Signature

Deposit verified by: _____
Print Name
Signature

I have verified the cash count as indicated above AND witnessed the sealing of the bag as deposited.

Sponsor: _____
Print Name
Signature

Secretary / Principal: _____
Print Name
Signature

Instructions: Please **prepare in duplicate**, sending the **original to the bookkeeper** and keeping the **duplicate for your files**.

