Griswold Public Schools

Student Activity Fund Deposit Form

Activity Account Name: _____

School: _____ Date: _____

Advisor's Name/Name of Teacher: _____

Reason for Deposit: _____

Monies Deposited

Checks:

1. Check # _____ Dollar Amt. $_____
2. Check # _____ Dollar Amt. $_____
3. Check # _____ Dollar Amt. $_____
4. Check # _____ Dollar Amt. $_____
5. Check # _____ Dollar Amt. $_____
6. Check # _____ Dollar Amt. $_____
7. Check # _____ Dollar Amt. $_____
8. Check # _____ Dollar Amt. $_____
9. Check # _____ Dollar Amt. $_____
10. Check # _____ Dollar Amt. $_____
11. Check # _____ Dollar Amt. $_____
12. Check # _____ Dollar Amt. $_____
13. Check # _____ Dollar Amt. $_____
14. Check # _____ Dollar Amt. $_____
15. Check # _____ Dollar Amt. $_____
16. Check # _____ Dollar Amt. $_____
17. Check # _____ Dollar Amt. $_____
18. Check # _____ Dollar Amt. $_____
19. Check # _____ Dollar Amt. $_____
20. Check # _____ Dollar Amt. $_____

Check Total: _____

Cash:

($50) Number of Bills: _____ Total Amount: $_____
($20) Number of Bills: _____ Total Amount: $_____
($10) Number of Bills: _____ Total Amount: $_____
($5) Number of Bills: _____ Total Amount: $_____
($1) Number of Bills: _____ Total Amount: $_____

Cash Total: _____

Coins:

($.25) Total Amount: $_____
($.10) Total Amount: $_____
($.05) Total Amount: $_____
($.01) Total Amount: $_____

Coin Total: _____

Total Deposit: _____

Advisor Signature: _____

[Office Use Below]

Student Activity Bookkeeper Signature: _____ Date: _____