Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Interim Superintendent
119 Robert McDaniel Drive Hazlehurst, MS 39083
PH: 601.894.1152 | FAX: 601.894.3170 | WEB: WWW.HAZLEHURST.K12.MS.US

REQUEST FOR PERMISSION TO COLLECT MONEY

Teacher: _____ Grade: _____ Room #:_____

Dates to Collect Money: ____/____/_____ to ____/____/_____ Request #: _____

Purpose for Collecting Money: _____

_____

_____

_____

Amount to be Collected: Total $_____ Per Student $_____ No. of Students _____

Teacher: _____ Date: _____

Principal: _____ Date: _____

____ Approved

____ Denied: _____
(Reason)

Business Manager: _____ Date: _____

Superintendent: _____ Date: _____

Reconciliation

(to be completed on last day of collections)

Actual Collections (No. of Students_____*$_____) $_____

Receipted at Central Office $_____

Difference $_____