

George County School District

Money Collection Sheet

Teacher's Name: _____

Room # _____

Activity: _____

Date: _____

Fundraiser/Fees: _____

Date Approved _____

List each student's information completely. All checks collected must have a check number listed.

All monies collected must be listed and this list must be turned in with the money to the office **daily**.

No money will be accepted without this list.

Date	Student's Name	Amount Received	Cash or Check?	Check#
Total:		\$		

Receipt #_____
Secretary Signature_____
Date