

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# |
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| Total: | | \$ | | |

Receipt #

Secretary Signature

Date