Madison-Plains Local Schools – Student Activity Forms
Proof of Cash

School Year:

Deposit to Fund Name & #:

Date:

Phone:

Source (Fundraiser/Activity):

Description Good(s)/Service(s) Sold	Total # Quantity Good(s)/Service(s) Sold	$ Price Charged per Good(s)/Service(s) Sold	Total $ Amount Sales	Total $ Amount Cash Deposited
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
TOTAL SALES				$ 0.00
TOTAL CASH DEPOSITED				$ 0.00
TOTAL SALES OVER/UNDER CASH DEPOSITED				$ 0.00

CURRENCY:	
COIN	
CHECKS (LIST SEPARATELY BELOW):	
TOTAL:	$ 0.00

LIST OF CHECKS:

CHECK #	NAME ON CHECK	$ AMOUNT	CHECK #	NAME ON CHECK	$ AMOUJNT

DEPOSITOR (ACTIVITY ADVISOR SIGNATURE/APPROVAL) _____ **DATE:** _____/_____/_____

CASHIER (SCHOOL TREASURER/DESIGNEE SIGNATURE/APPROVAL): _____ **DATE:** _____/_____/_____