

DEPOSIT RECEIPT FOR STUDENT ACTIVITY ACCOUNT

Date: _____ School: _____

Activity account: _____ Amount deposited: _____

Source/From: _____

Deposit received from (signature required): _____

Deposit approved by: _____ Date: _____
(Principal or Assistant Principal's Signature)

Deposit processed by: _____ Date: _____

(The original receipt will stay with the deposit processor, and a copy will be given to the person making the deposit.)

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