

CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT

MONEY COLLECTION FORM

ACTIVITY: _____

DATE: _____

ADVISOR/TEACHER (PRINT) _____

ADVISOR/TEACHER SIGNATURE: _____

	STUDENT INITIAL	STUDENT NAME	DATE	CHECK #	CK AMT	CASH	TOTAL PAYMENT	
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35								
	TOTALS							

TO BE COMPLETED BY BUILDING BOOKKEEPER

RECEIVED BY: _____

DATE: _____

CASH CHECKS TOTALS