



Appomattox Regional Gov. School
For The Arts and Technology

COLLECTED BY: _____

DATE: _____

GRADE/CLUB/ORG.: _____

ACCT. #: _____

ACTIVITY: _____

	NAME	Cash Amount	Check/MO Amount	Check/MO Number	*Initial
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTALS					
TOTAL CASH AND CHECKS					

FOR OFFICE USE ONLY	
DATE RECEIVED BY BOOKKEEPER	
RECEIPT #	
BOOKKEEPERS INITIALS	

* Teacher must initial if student is unable to do so. Please ensure student name is on the memo line of check.