

CTE STUDENT ACTIVITY RECEIPT/DEPOSIT FORM

DATE: _____ YOUR NAME: _____

NAME/ORGANIZATION/CLUB AND ACTIVITY NUMBER:

DESCRIPTION OF RECEIPT:

TOTAL AMOUNT RECEIVED: _____

Type of currency: Cash \$ _____ Coin \$ _____

List Checks:	
Check Number	Amount

NOTES:

An original receipt or invoice must be attached to this form.