

Elizabethtown Area School District
Deposit to Student Activity Account
Submit to Director of Extra Curricular Activities

_____ _____ _____
Date Name of Student Activity (D.O. Use) Acct. #

The following amount of money is being submitted for deposit:

Currency: \$ _____

Coins: \$ _____

Checks: \$ _____

Total: \$ _____

These funds were collected through:

Treasurer's Signature

Advisor's Signature

Director of Extra-Curricular Activities Signature

(For Business Office Use)

These funds were deposited on: _____ The amount deposited was **correct** or **incorrect**

Business Office Signature: _____ **Corrected Amount:** _____