

**BUFFALO PUBLIC SCHOOL – EXTRA CLASSROOM ACTIVITY FUND
CASH RECEIPT FORM**

DATE: _____

ACTIVITY NUMBER: _____

ACTIVITY NAME: _____

FUNDRAISER CODE: _____

FUNDRAISER NAME: _____

NO MONEY WILL BE ACCEPTED WITHOUT BEING VERIFIED

1. Filled out by the Activity Treasurer and the Faculty Advisor.
2. Verified by Central Treasurer In presence of the and the Faculty Advisor.
3. Signed and Dated, by ALL.

DEPOSIT DETAIL

Denomination	# OF	TOTAL \$
ONE		
FIVE		
TEN		
TWENTY		
FIFTY		
HUNDRED		
COIN		
CHECKS		
TOTAL \$	XXXX	

TOTAL CASH AND CHECKS FOR DEPOSIT: \$ _____

RECEIPT NUMBER: _____

ACTIVITY TREASURER: _____

FACULTY ADVISOR: _____

CENTRAL TREASURER: _____