

BRIARCLIFF TODD/MIDDLE SCHOOL ACTIVITY FUND

**CHECK REQUEST FORM
(fill in top part of form only)
(receipt must be attached)**

Date: _____

Activity Account Name and Number: _____

Person Requesting Check/Advisor (Name & Signature):

Student Treasurer (Name & Signature):

Amount of Check: _____

Purpose: _____

Payable to: _____

Special Instructions: _____

Date Needed: _____

Check will be returned to your mailbox

For Office Use Only

Approved By: _____

Principal's Signature

Submit two copies of this form with deposit

BRIARCLIFF TODD/MIDDLE SCHOOL ACTIVITY FUND DEPOSIT SHEET

Activity Account Name: _____

Number: _____ Date: _____

Student Treasurer (Name & Signature) _____

Faculty Advisor (Name & Signature) _____

Proceeds From: _____ Receipt # _____
(fund raiser, sales, donations, etc.)

CHECKS (# of each)

BILLS (# of each)

	@		= \$	Ones		x \$1.00	=
	@		= \$	Twos		x \$2.00	=
	@		= \$	Fives		x \$5.00	=
	@		= \$	Tens		x \$10.00	=
	@		= \$	Twenties		x \$20.00	=
	@		= \$	Fifties		x \$50.00	=
	@		= \$	Hundreds		x \$100.00	=
	@		= \$	Total Currency			
	@		= \$	COINS (must be rolled)			
	@		= \$	Pennies		x \$0.01	=
	@		= \$	Nickels		x \$0.05	=
	@		= \$	Dimes		x \$0.10	=
	@		= \$	Quarters		x \$0.25	=
	@		= \$	Fifty-Cent		x \$0.50	=
	@		= \$	Dollar Coin		x \$1.00	=
	@		= \$	Total Coins			

Total Deposit \$ _____ Sales Tax \$ _____

Total Deposit Less Sales Tax \$ _____

(NOTE: SALES TAX COLLECTED SHOULD TOTAL .07375 TIMES THE AMOUNT OF SALES - SALES OF CLOTHING UNDER \$110 TAX RATE .03375)

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