

Hope Elementary School
Student Payment Report Form
(PAYMENTS MADE TO STUDENT COUNCIL)

Date _____

Name of Class/Grade or Club _____

Record the details of the payment(s) received from students for field trip related expenses on the REVERSE SIDE of this form and submit it to the Superintendent-Principal for approval.

Reason _____

TOTAL AMOUNT \$ _____

____ Student Council Deposit Form Attached

ALL MONEY NEEDS TO BE COUNTED AND PREPARED FOR DEPOSIT USING A STUDENT COUNCIL DEPOSIT FORM BY TWO (2) EMPLOYEES.

STAFF/ ADVISOR _____

SUPT/PRINCIPAL _____

BUSINESS MANAGER _____

DATE SUBMITTED _____ AMOUNT VERIFIED _____

(INITIALS OF PERSON(S) VERIFYING AMOUNT OF DEPOSIT)

****Complete reverse side of this form with student information**

OFFICE USE ONLY:

DATE OF DEPOSIT _____ AMOUNT \$ _____ Verified _____

(DEPOSIT SLIP MUST BE TURNED IN WITH FORM TO BUSINESS OFFICE)