



**DISTRICT SCHOOL BOARD OF PASCO COUNTY  
REPORT OF MONIES COLLECTED  
INTERNAL/STUDENT ACTIVITY ACCOUNTS**

MIS Form #170

Rev. 04/18

Organization \_\_\_\_\_ School \_\_\_\_\_

Purpose and Date of Collection \_\_\_\_\_ Official Receipt # \_\_\_\_\_

**All funds must be remitted daily to the Bookkeeper.**

Last Name	First Name	Student ID #	Check Number	Check Amount	Cash Amount
<b>SUB-TOTAL</b>					
<b>TOTAL FOR DEPOSIT</b>					

I hereby remit all funds received by me for deposit.

\_\_\_\_\_ Teacher or Sponsor

\_\_\_\_\_ Date

I hereby certify that I have received for deposit from the above named person the funds as indicated hereon.

\_\_\_\_\_ Bookkeeper or Cashier

\_\_\_\_\_ Date Funds Received

**ACTIVITY ACTION**

1	1	1	9	0	0	1	1	1	9						

Change Fund (if applicable)