

CANTON PUBLIC SCHOOLS
CHECK DEPOSIT
STUDENT ACTIVITIES ACCOUNT

School: _____

Acct #: _____ Account Name: _____

Function/Event: _____ Date: _____

	Student's Name Who Paid W/ Check:	Check #	Date Check Rec'd:	Amount:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
	Total Check:			0

Advisor Signature: _____

Student Signature: _____

Received By: _____

Comments: