

## Bloom-Carroll Local School District Activity Cash Transmittal Form

*To Be Used for Activity/Athletic Fund Deposits.*

Activity Fund Name	
Fund Number	Special Cost Center Number
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Date
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### Sources of Revenue

1610	Admission, Gate Receipts	\$
	Event	

1620	Sales (Please List)	\$
	Sales 1	
	Sales 2	
	Sales 3	

1630	Dues, Fees. Field Trip Fees	\$
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1820	Donations	\$
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1850	Vending Machine Sales	\$
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Total Sources of Revenue	\$
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- All Activity Program monies MUST be deposited with the designated depository within 24 hours of collection. Secretaries of each building have money bags for your use.
- The deposit slip MUST agree with the "Total Sources of Revenue".
- Monies collected shall be accompanied with this form.
- A "Form A" receipt will be returned to you for your records.

Activity Treasurer's Signature
Sponsor's Signature

For Office Use Only
Receipt # _____
Date Rec'd _____