FORM C

ROBSTOWN ISD

CAMPUS:_____

CLASS RECEIPT RECORD

PURPOSE: Documentation for monies collected from individual students in the SAF organization.
The sponsor shall total, sign, and date the form. The money count box shall be completed and given to the campus/dept. bookkeeper.
The office use only shall be completed by the bookkeeper. The sponsor shall retain a copy of this form and the original shall remain with the bookkeeper.

CSAF Account Number_____ **CSAF Account Name**_____

Funds Collected for the event of:_____

NAME	DATE	AMOUNT

NAME	DATE	AMOUNT

TOTAL $

Sponsor Signature

Date

Money Count (to be completed by the sponsor):

	Checks
	$100s
	$50s
	$20s
	$10s
	$5s
	$1s
	Quarters
	Dimes
	Nickels
	Pennies
	Other
	Total

Office Use Only (to be completed by the bookkeeper):

Reciept Amount	Number	Date