DISTRICT SCHOOL BOARD OF PASCO COUNTY
INTERNAL/STUDENT ACTIVITY ACCOUNTS
CHANGE FUND LOG

MIS Form #153A
02/17

School: _____ **School Year:** _____

Date Issued	Check Number	Purpose	Received by: (Signature)	Amount Received	Date Returned	Amount Returned	Received by: (Initials)	Date Deposited	Official Receipt Number

Bookkeepers: Retain electronic copy in TCM attachment to finalize deposit of change fund for fiscal year