



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
INTERNAL/STUDENT ACTIVITY ACCOUNTS
REPORT OF GENERAL SALES**

MIS Form #169
Rev. 03/18

Organization _____ School _____

Purpose and Date of Event _____ Official Receipt _____

All funds must be remitted daily to the Bookkeeper.

_____	X	XXXXXXXXXX	= \$	_____
_____	X		= \$	_____
_____	X		= \$	_____
_____	X		= \$	_____
_____	X		= \$	_____
_____	X		= \$	_____
_____	X		= \$	_____
_____	X		= \$	_____
_____			= \$	_____
_____			= \$	_____

TOTAL CASH		\$	_____
@ GG7 HANGE : I B8		- \$	_____
ft 5 DD @ 7 5 6 @ L			
TOTAL FOR DEPOSIT		= \$	_____

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)