GRANT PARISH
PUBLIC SCHOOLS

School Collection Log

Student collection and deposit verification

COLLECTION INFORMATION

Date: _____ **Teacher:** _____ **Acct. Name:** _____

Acct. #: _____ **Collection For:** _____

COLLECTION ENTRIES

Student	*Amount Collected*	*Cash or Check #*	*Date Collected*

TOTALS

Total Amount collected on this page	**$** _____
Total Amount of Deposit	**$** _____

VERIFICATION

Teacher's verification of total amount received	
Signature: _____	**$** _____

Bookkeeper's verification of total amount received	
Signature: _____	**$** _____