
CAMPUS BOOKKEEPER/SECRETARY

STEP BY STEP CASH HANDLING INSTRUCTIONS MANUAL

FOR MONEY COLLECTED FROM SPONSORS

Summary Points

- **Never leave money unattended!**
 - **Take appropriate security measures, locked cash boxes, safes, and vaults should be used to protect all cash and cash items.**
 - **Verify that all documentation is present and was received from the sponsor.**
 - **Issue a Receipt to the Sponsor for the amount that was collected at the time it is collected**
 - **Elementary campuses deliver money to bank or feeder H.S./J.H. where it will be delivered to the bank through armored car services on a timely manner.**
 - **DO NOT take money collected home, deposit into your personal bank account, receive money through Cashapp, get a money order/cashier's check, etc. (NO EXCEPTIONS!)**
 - **DO NOT alter receipts or use white out, void them. (Voided Receipts MUST be kept in the receipt book with all 3 originals attached)**
 - **DO NOT Empty receipt books, keep them in a safe place for five years in the event of an audit is done**
-

Step by Step Instructions from Start to Finish

1. The Campus Bookkeeper/Secretary **WILL NOT** send anyone away, they are to accept the deposit when the Sponsor goes to see them
2. The Campus Bookkeeper/Secretary **WILL NOT** combine different deposit types
3. The Campus Bookkeeper/Secretary **WILL IDENTIFY & VERIFY** that Sponsor has all documentation attached (**Sponsor Deposit Checklist**). Verify the following based on Deposit Type:

[\(CLICK ON DEPOSIT TYPE TO VIEW IMAGES OF REQUIRED DOCUMENTS FROM SPONSOR\)](#)

TICKET/BRACELET SALES	BOOKFAIR	PRESALE/INVENTORY
FEES/DUES	BUSINESS CHECKS & CASH	FOOD SALES
DONATIONS	UNUSED TRAVEL	CHANGE BOX FUNDS
4. The Campus Bookkeeper/Secretary **WILL** sign the Sponsor Deposit checklist if it is complete to deny it and return it if it is missing information

[\(CLICK HERE TO VIEW SPONSOR DEPOSIT CHECKLIST FORM IMAGE DESCRIPTION\)](#)
[LINK](#)
5. The Campus Bookkeeper/Secretary **WILL** count the money/checks received from the sponsor at the time it is delivered and verify the quantity using the Sponsor Tabulation Sheet (**Bookkeeper/Secretary will note any discrepancies**)

[\(CLICK HERE TO VIEW SPONSOR TABULATION OF MONIES DEPOSIT FORM IMAGE DESCRIPTION\)](#)
[LINK](#)
6. The Campus Bookkeeper/Secretary **WILL** write a receipt for the sponsor in the amount it collected with the following information:
 - **Date:** Date the funds were collected from the Sponsor
 - **Received From:** Sponsor Name
 - **The Sum of:** Extended Format of Deposit Total
 - **\$:** Numeric Format of Deposit Total
 - **For:** Detailed Deposit information and Deposit Account Number
 - **By:** Bookkeeper/Secretary Signature
 - **Deposit Type:** Cash/Check/MO
 - **By:** Signature of Campus Bookkeeper/Secretary
7. The Campus Bookkeeper/Secretary **WILL** detach the white and yellow receipts from the receipt book (**Unless voided**)
8. The Campus Bookkeeper/Secretary **WILL** and issue the white original to the Sponsor at the time the money is delivered

9. The Campus Bookkeeper/Secretary **WILL** put the yellow receipt aside and use it in **(Step 12)**
[\(CLICK HERE TO VIEW RECEIPT ISSUED TO SPONSOR IMAGE DESCRIPTION\)](#)
10. The Campus Bookkeeper/Secretary **WILL** pull out the Deposit Log paper and issue a deposit number to the deposit in the following format: **C###MM##**
[\(CLICK HERE TO VIEW DEPOSIT LOG IMAGE DESCRIPTION\)](#)
[LINK](#)
 - **C:** For Cash Receipt
 - **###:** 3 Digit Campus/Org Number
 - **MM:** 2 Digit Month
 - **#:** Number on the Log **(Each month it starts with 01 and so on)**
11. The Campus Bookkeeper/Secretary **WILL** pull out their deposit check list (**Bookkeeper Deposit Checklist**) and locate the deposit type and use it as a reference to gather all the required documentation for a complete deposit
12. The Campus Bookkeeper/Secretary **WILL** note any discrepancies **(if any)** on the Bookkeeper/Secretary Deposit Checklist Form
[\(CLICK HERE TO VIEW CAMPUS BOOKKEEPER/SECRETARY DEPOSIT CHECKLIST IMAGE DESCRIPTION\)](#)
[LINK](#)
13. The Campus Bookkeeper/Secretary **WILL** complete the Bookkeeper/Secretary Deposit Form with the following:
[\(CLICK HERE TO VIEW CAMPUS BOOKKEEPER/SECRETARY DEPOSIT FORM IMAGE DESCRIPTION\)](#)
[LINK](#)
 - **Date:** Will auto populate
 - **Deposit Log#:** Deposit Log #
 - **Campus/Org:** Name of your Campus/Organization
 - **Account #:** Account number where deposit is to be posted to
 - **Bills/Coins:** Enter loose quantity for each denomination collected **(Will Auto Populate the value under Currency/Coins)**
 - **Total Currency:** Will auto populate
 - **Total Coins:** Will auto populate
 - **Total Currency + Coins:** Will auto populate
 - **Business Checks/MO/Cashier Checks:** Enter Check/MO information **(if applicable)**
 - **Total Checks:** Will auto populate
 - **Total Currency + Coins + Checks:** Will auto populate
 - **Additional Checks:** See tabs CK110
 - **Detailed Description of Receipts Collected:** Detail descriptions of what the deposit is for
 - **Signature of Bookkeeper/Secretary:** Signature to indicate your agreement to the deposit
14. The Campus Bookkeeper/Secretary **WILL** complete Deposit Ticket (**Bank Ticket**) using the information from the Bookkeeper Secretary Deposit Form with the following information:
[\(CLICK HERE TO VIEW DEPOSIT TICKET IMAGE DESCRIPTION\)](#)
 - **Date:** Deposit Date
 - **Currency:** Total Value of the bills
 - **Coins:** Total Value of the coins
 - **Checks:** List of each check with the check value
 - **Blank Boxes at bottom:** Total value of the Total Cash and Checks value
 - **\$:** Must total checks total value
 - **Blank Space (Right bottom of ticket, below Reenter Grand Total in Screened Boxes):** Log/Deposit #
 - **Blank Space (Left bottom of ticket):** The detail description of deposit **(Not just the Deposit Account)**
 - **Blank Space (Center of Deposit Ticket):** The Account number the deposit will be posted into **(It must match the # on Bookkeeper/Secretary Deposit Form sheet and the Sponsor Receipt)**
15. The Campus Bookkeeper/Secretary **WILL** create the Deposit Cover Sheet by making a copy of the Deposit Ticket and the Receipt issued to the Sponsor **(in Portrait Format)**
[\(CLICK HERE TO VIEW DEPOSIT COVER SHEET IMAGE DESCRIPTION\)](#)
16. The Campus Bookkeeper/Secretary **WILL** make copies of Checks/MO and Stamp them with the appropriate Account Endorsement Stamp **(if applicable)**
[\(CLICK HERE TO VIEW COPIES OF CHECKS & STAMP IMAGE DESCRIPTION\)](#)

17. The Campus Bookkeeper/Secretary **WILL** place the Deposit Ticket (Cash/Check/MO, Etc. in a Bank Bag and fill out the information on the bank bag to either deliver it to the bank (**Texas Regional Bank**) or deliver it to the assigned Feeder H.S. or J.H., once a week Armored Car Services pick up.

[\(CLICK HERE TO VIEW DEPOSIT BAG IMAGE DESCRIPTION\)](#)

18. **The Elementary Campus Secretary WILL** take the sealed deposit bag of the funds to one of the following locations within 24 business hours of collection

- Texas Regional Bank at 2300 E Griffin Pkwy, Mission, TX 78572
- Take the deposit to their Feeder High School or Junior High

19. **The High School/Junior High School Campus Bookkeeper/Secretary WILL** prepare the documentation as soon as it is collected from the sponsor and have it ready **for Armored Car Services**

20. The Campus Bookkeeper/Secretary **WILL** fill out the Armored Car Service Ticket (**if Armored Car Service is used**)

[\(CLICK HERE TO VIEW ARMORED CAR TICKET IMAGE DESCRIPTION\)](#)

- **Received From:** Sharyland ISD
- **Date:** Date of Deposit
- **Prepared By:** Name of Campus Bookkeeper/Secretary & Campus/Org Name
- **Deliver to:** Texas Regional Bank
- **Address:** 2300 E Griffin Pkwy, Mission, TX 78572
- **No of Items/Bags:** Leave Blank
- **Value Said to Contain:** Total for each deposit bag included in ticket
 - Separate Line for each bag
- **Bag Description:** Bag Numbers
- **Total Value:** Total Value of everything inside the bag

21. The Campus Bookkeeper/Secretary **WILL** send all documentation pertaining to the deposit type to the Staff Accountant stapled in the following order:

[\(CLICK HERE TO VIEW DOCUMENTS FROM BOOKKEEPER/SECRETARY IMAGES DESCRIPTION\)](#)

- Deposit Cover Sheet (**Bank Ticket and Receipt to Sponsor**)
- Bookkeeper/Secretary Deposit Form
- Original Receipt issued to the Sponsor (**Yellow receipt**)
- Sponsor Tabulation Distribution Form
- Completed Sponsor Deposit Checklist
- Completed Bookkeeper/Secretary Deposit Checklist

22. The Campus Bookkeeper/Secretary **WILL** make a copy for their records of All the documentation that was sent to the Staff Accountant

IMPORTANT REMINDERS!

23. **Remember TO SEND** Accounts Payable Department the documentation they require from **Travel Reimbursements**

24. **Remember NOT TO** staple Original Donation Forms to the Deposit booklet, make a Copy for the Deposit Booklet

Failure to abide by Sharyland ISD policies may result in disciplinary action.

Bookkeeper/Secretary Signature

Date

❖ Image of the Sponsor Deposit Checklist form

(RETURN)

SPONSOR DEPOSIT CHECKLIST TO BOOKKEEPER/SECRETARY	
Organization: _____	Account No. _____
REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL)	
<input type="checkbox"/>	Deposit Tabulation Distribution Sheet (FOR EVERY DEPOSIT)
LOCATE THE TYPE OF DEPOSIT YOU ARE MAKING AND SELECT DEPOSIT TYPE REQUIRED DOCUMENTATION PER DEPOSIT TYPE (THIS IS NOT OPTIONAL)	
FOR EVENTS WHERE TICKETS/BRACELETS WILL BE SOLD	FEES/DUES
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC. SELECT ONE <input type="checkbox"/> FESTIVALS <input type="checkbox"/> CLINICS <input type="checkbox"/> TALENT SHOWS <input type="checkbox"/> GATE ENTRY FEES <input type="checkbox"/> DANCE/PROM <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Currency/Coins <input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche) <input type="checkbox"/> Completed Ticket/Bracelet Sales Template <input type="checkbox"/> Ticket Stubs (if Tickets used)	ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC. SELECT ONE <input type="checkbox"/> PARKING FEES <input type="checkbox"/> TESTING FEES <input type="checkbox"/> ID FEES <input type="checkbox"/> CLUB DUES <input type="checkbox"/> AFTER SCHOOL CARE <input type="checkbox"/> CELLPHONE FEES <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Currency/Coins <input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche) <input type="checkbox"/> Original Receipts (For collections over \$5 each payment) <input type="checkbox"/> Yellow Carbonless Copy <input type="checkbox"/> Completed Receipt Tally Template <input type="checkbox"/> Daily Collections Report (ONLY \$5 or less per payment)
BOOKFAIR	PRE-ORDER/ INVENTORY
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC. <input type="checkbox"/> Currency/Coins <input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche) <input type="checkbox"/> Daily Cash Register Report	ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC. SELECT ONE <input type="checkbox"/> DISCOUNT CARDS <input type="checkbox"/> CHOCOLATE BARS <input type="checkbox"/> GOURMET POPCORN <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Currency/Coins <input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche) <input type="checkbox"/> Original Receipts (For collections over \$5 each payment) <input type="checkbox"/> Yellow Carbonless Copy <input type="checkbox"/> Completed Receipt Tally Template (ONLY Inventory Sales) <input type="checkbox"/> Daily Collections Report (ONLY \$5 or less per payment) <input type="checkbox"/> Inventory Sales Template
UNUSED TRAVEL MONEY	BUSINESS CHECKS & CASH
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC. <input type="checkbox"/> Currency/Coins <input type="checkbox"/> 2 Copies of Approved Purchase Order <input type="checkbox"/> Original Receipts <input type="checkbox"/> Copy of Original Receipts <input type="checkbox"/> Completed Original Check Reconciliation Template <input type="checkbox"/> Copy of the Check Reconciliation Template (STUDENT MEAL ALLOWANCE TEMPALTE) (STUDENT MEAL ALLOWANCE TEMPALTE)	NO PERSONAL CHECKS (NO EXCEPTIONS!) SELECT ONE <input type="checkbox"/> COMMISSION CHECKS <input type="checkbox"/> ATHLETIC/UIL/CHESS TOURNAMENTS <input type="checkbox"/> RENTALS <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Currency/Coins <input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche) <input type="checkbox"/> Original Receipts (For collections over \$5 each payment) <input type="checkbox"/> Yellow Carbonless Copy <input type="checkbox"/> Completed Receipt Tally Template (NOT FOR Mailed Checks) <input type="checkbox"/> Business Checks (When applicable) <input type="checkbox"/> Check Copies
FOR FOOD SALES	
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC. SELECT ONE <input type="checkbox"/> CONCESSIONS <input type="checkbox"/> EXEMPT DAYS <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Currency/Coins <input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	
CHANGE BOX FUNDS RETURN (1109)	
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC. <input type="checkbox"/> Currency/Coins <input type="checkbox"/> Copy of Approved Purchase Order <input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	
DONATIONS	
NO PERSONAL CHECKS (NO EXCEPTIONS!) <input type="checkbox"/> Currency/Coins <input type="checkbox"/> Original Receipts (For collections over \$5 each payment) <input type="checkbox"/> Yellow Carbonless Copy <input type="checkbox"/> Completed Receipt Tally Template <input type="checkbox"/> Business Checks (When applicable) <input type="checkbox"/> Check Copies <input type="checkbox"/> Signed Donation Form <input type="checkbox"/> Copy of Signed Donation Form	
OPTIONAL DOCUMENTATION	
<input type="checkbox"/> Letter, etc (Additional Back up if applicable)	
Sponsor Signature Verification: _____	Date _____
Bookkeeper/Secretary Verification: _____	Date _____

DOCUMENTS ARE NOT A SUGGESTION THEY ARE REQUIRED

TABULATION SHEET REQUIRED FOR EACH DEPOSIT

FIND DEPOSIT TYPE ON YELLOW SELECTIONS

FIND REQUIRED DOCUMENTS FROM SPONSOR

BOTH SIGN HERE

❖ Image of the Sponsor Tabulation of Monies Deposit form

(RETURN)

**SHARYLAND INDEPENDENT SCHOOL DISTRICT
SPONSOR TABULATION OF MONIES FOR DEPOSIT**

DATE: _____
ORGANIZATION: _____
ACCOUNT NUMBER: _____

**FOR SHOULD BE
COMPLETELY FILLED
WITH THE FOLLOWING:

DATE
ORGANIZATION
ACCOUNT NUMBER**

CURRENCY / COINS

**BUSINESS CHECKS/MONEY ORDER/
NO PERSONAL CHECKS ALLOWED**

QUANTITY	X	DENOMINATION OF CURRENCY	=	TOTAL
		\$100		
		\$50		
		\$20		
		\$10		
		\$5		
		\$2		
		\$1		
		\$1.00		
		\$0.50		
		\$0.25		
		\$0.10		
		\$0.05		
		\$0.01		

NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT

**FIND
CHECKS/MO/
CASHIER
CHECKS
INFORMATION**

**FIND
CURRENCY &
COINS
INFORMATION
HERE**

**FIND TOTALS
HERE**

TOTAL CURRENCY : _____

ADDITIONAL CHECKS MAY BE ADDED ON THE CHECK TAB

TOTAL COINS : _____

TOTAL CHECKS (ATTACH COPIES): _____

TOTAL CURRENCY & COINS _____

TOTAL CURRENCY + COINS + CHECKS = _____

RECEIPTS COLLECTED FOR WHAT PURPOSE:

**FIND DETAILED
DEPOSIT
INFORMATION
HERE**

I HEREBY ACKNOWLEDGE DELIVERY OF FUNDS INTACT:

I HEREBY ACKNOWLEDGE RECEIPT OF FUNDS INTACT:

BOTH SIGN HERE

SIGNATURE OF SPONSOR/COLLECTOR _____

SIGNATURE OF BOOKKEEPER/SECRETARY _____

❖ Image of the Receipt Issued to Sponsor

(RETURN)

- (Keep Voided Receipts in Receipt Book with all 3 Originals)

❖ Image of the Deposit Log

(RETURN)

- (One per Month, send to Staff Accountant at the end of each month)

CAMPUS/ORG NAME:						CAMPUS/ORG NO.
DEPOSIT LOG NUMBERS						EXAMPLE: C00109XX
DATE	July/2023					
DEPOSIT #	FUND	SUB-OBJECT	AMOUNT	DESCRIPTION OF DEPOSIT	DATE	
C 07 01						
C 07 02						
C 07 03						
C 07 04						
C 07 05						
C 07 06						
C 07 07						
C 07 08						
C 07 09						
C 07 10						
C 07 11						
C 07 12						
C 07 13						
C 07 14						
C 07 15						
C 07 16						
C 07 17						
C 07 18						

❖ Image of the Bookkeeper/Secretary Deposit Checklist (RETURN)

BOOKKEEPER DEPOSIT CHECKLIST

STAPLED ORDER FOR ALL DEPOSITS TO MAIDA DOMINGUEZ:

- Deposit Coversheet (PORTRAIT FORMAT)
- Bookkeeper/Secretary Deposit Form
- Original Receipt to Sponsor
- Deposit Tabulation Distribution Sheet
- COMPLETED Sponsor Deposit Checklist

FIND REQUIRED DOCUMENTS FROM BOOKKEEPER/ SECRETARY + THE DOCUMENTS FROM SPONSOR PER DEPOSIT TYPE

ADDITIONAL STAPLE ORDER BASED ON DEPOSIT TYPE TO MAIDA DOMINGUEZ

ADDITIONAL STAPLE ORDER BASED ON DEPOSIT TYPE TO MAIDA DOMINGUEZ

SELECT ONE

- FOR EVENTS WHERE TICKETS/BRACELETS WILL BE SOLD**
 - Approved Fundraiser/Sales Application (Laserfiche)
 - Completed Ticket/Bracelet Sales Template
 - Ticket Stubs
 - Letter, etc (Additional Back up if applicable)
- WHEN YOU RECEIVE MONEY FOR NON-FUNDRAISER**
 - Approved Fundraiser/Sales Application (Laserfiche)
 - Original Receipts (For collections over \$5 each payment)
 - Yellow Carbonless Copy
 - Completed Receipt Tally Template
 - Daily Collections Report (ONLY \$5 or less per payment)
 - Letter, etc (Additional Back up if applicable)
- BOOKFAIR**
 - Approved Fundraiser/Sales Application (Laserfiche)
 - Daily Cash Register Report
 - Letter, etc (Additional Back up if applicable)
- WHEN YOU RECEIVE MONEY FOR FUNDRAISER (SALE ITEMS)**
 - Approved Fundraiser/Sales Application (Laserfiche)
 - Original Receipts (For collections over \$5 each payment)
 - Yellow Carbonless Copy
 - Completed Receipt Tally Template
 - Daily Collections Report (ONLY \$5 or less per payment)
 - Completed Inventory Sales Template
 - Letter, etc (Additional Back up if applicable)
- FOOD SALES**
 - Approved Fundraiser/Sales Application (Laserfiche)
 - Concessions Sales Template
 - Letter, etc (Additional Back up if applicable)

- WHEN BUSINESS PAY WITH CASH AND CHECKS**
 - Approved Fundraiser/Sales Application (Laserfiche)
 - Original Receipts (For collections over \$5 each payment)
 - Yellow Carbonless Copy
 - Completed Receipt Tally Template
 - Business Checks (When applicable)
 - Check Copies
 - Letter, etc (Additional Back up if applicable)
- CHANGE BOX FUNDS RETURNED 1109**
 - Approved Fundraiser/Sales Application (Laserfiche)
 - Copy of Approved Purchase Order
- UNUSED TRAVEL MONEY (Continue Below for ADDT'L INSTRUCTIONS)**
 - Copy of Approved Purchase Order
 - Copy of Original Receipts
 - Copy of the Sponsor's Receipt
- FOR DONATIONS (Continue Below for ADDT'L INSTRUCTIONS)**
 - Original Receipts (For collections over \$5 each payment)
 - Yellow Carbonless Copy
 - Completed Receipt Tally Template
 - Business Checks (When applicable)
 - Check Copies
 - Copy of Signed Donation Form
 - Letter, etc (Additional Back up if applicable)

NOT OPTIONAL FROM SPONSOR

FIND DEPOSIT TYPE ON YELLOW & ORANGE SELECTIONS

FOR DONATIONS, NOTE: NOT STAPLED

NOT STAPLED TO DEPOSIT TO MAIDA DOMINGUEZ

- DONATIONS**
 - Signed Donation Form

FOR UNUSED TRAVEL, NOTE: TO A/P

TO ACCOUNTS PAYABLE

- UNUSED TRAVEL MONEY**
 - Deposit Coversheet (PORTRAIT FORMAT)
 - Copy of Approved Purchase Order
 - Original Receipts
 - Completed Original Student Meal Advance Template

OPTIONAL IF YOU WANT TO GIVE US NOTES OR INFORMATION

NOTES YOU MAY NEED OR WANT TO SHARE:

Bookkeeper/Secretary Verification: _____ Date _____



❖ Image of the Bookkeeper/Secretary Deposit Form

(RETURN)

**SHARYLAND INDEPENDENT SCHOOL DISTRICT
BOOKKEEPER/SECRETARY DEPOSIT FORM**

DATE: 7/24/2023 DEPOSIT LOG #: _____

CAMPUS/ORG: _____

ACCOUNT #: _____

NOTE: 1 Enter quantities by below using the correct sheet number and account number.
NOTE: 2 You must include the name of each business on the check.

CURRENCY / COINS			BUSINESS CHECKS/MONEY ORDER/CASHIER CHECKS NO PERSONAL CHECKS ALLOWED			Dep	SHEET 1	SHEET 2	SHEET 3	SHEET 4	SHEET 5	SHEET 6	SHEET 7	SHEET 8	SHEET 9	SH
QUANTITY X	DENOMINATION OF CURRENCY	= TOTAL	NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT											
0	\$100	\$ -				100.00										
0	\$50	\$ -				50.00										
0	\$20	\$ -				20.00										
0	\$10	\$ -				10.00										
0	\$5	\$ -				5.00										
0	\$2	\$ -				2.00										
0	\$1	\$ -				1.00										
0	\$1.00	\$ -														
0	\$0.50	\$ -				0.50										
0	\$0.25	\$ -				0.25										
0	\$0.10	\$ -				0.10										
0	\$0.05	\$ -				0.05										
0	\$0.01	\$ -				0.01										

TOTAL CURRENCY: \$ -

TOTAL COINS: \$ -

TOTAL CURRENCY & COINS: \$ -

ADDITIONAL CHECKS MAY BE ADDED ON CHECK TAB

TOTAL CHECKS (ATTACH COPIES) \$ -

TOTAL CURRENCY + COINS + CHECKS = \$ -

DETAILED DESCRIPTION OF RECEIPTS COLLECTED FOR WHAT PURPOSE:

REMEMBER CHECKS GO ON CK-SHT # TABS
TABS ABOVE ARE AUTOMATICALLY CALCULATED WHEN FILLED

SIGNATURE OF BOOKKEEPER/SECRETARY _____ DATE SENT TO BANK: _____

BOOKKEEPER/SECRETARY MUST ENTER ELECTRONICALLY USING DATA FROM SIGNED SPONSOR TABULATION OF MONIES FOR DEPOSIT SHEET

Failure to abide by Sharyland ISD policies may result in disciplinary action.

YOU CAN TYPE HERE

❖ Image of the Deposit Ticket (Bank Ticket)

(RETURN)

88-1733/1149

TOTAL ITEMS

PLEASE BE SURE ALL ITEMS ARE PROPERLY ENDORSED.

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.

GRAND TOTAL CHECKS AND/OR CASH

88-1733/1149

DATE _____

DATE	CURRENCY	COIN LIST EACH CHECK	DOLLARS		CENTS	
			Bills Total	Coins Total	Check Total	Check Total
1	Check Number					
2	Check Number					
3	Check Number					
4	Check Number					
5	Check Number					
6	Check Number					
7	Check Number					
8	See Attached					
9	Check Number					
10	Check Number					
11	Check Number					
12	Check Number					
13	Check Number					
14	Check Number					
15	Check Number					
16	Check Number					
17	Check Number					

GRAND TOTAL CHECKS AND/OR CASH

PLEASE ENTER TOTAL

SHARYLAND INDEPENDENT SCHOOL DISTRICT
CAMPUS ACTIVITY
1106 N SHARY RD
MISSION, TX 78572

DEPOSIT ACCOUNT NUMBER
EX: 461 00 5755 44 750 0 00 000

DEPOSIT LOG NUMBER
EX: 7500701

REASON FOR DEPOSIT
EX: XYZ REASON FOR DEPOSIT

ORG/MM/##
EX: 7500701

DEPOSIT LOG # HERE

DETAILED DEPOSIT DESCRIPTION HERE

ACCOUNT # HERE

❖ Image of the Deposit Cover Sheet

- (Portrait Format Deposit Ticket on Top & Receipt to Sponsor at the bottom)

DEPOSIT TICKET
FOR CLEAR COPY, PRESS FIRMLY WITH BALL POINT PEN.

TEXAS REGIONAL BANK
www.trb.com

DATE: _____ DATE OF DEPOSIT: _____

CURRENCY	COIN	LIST EACH CHECK	DOLLARS		CENTS	
			Bill Total	Coins Total	Check Total	Check Total
1	Check Number					
2	Check Number					
3	Check Number					
4	Check Number					
5	Check Number					
6	Check Number					
7	Check Number					
8	Check Number					
9	Check Number					
10	Check Number					
11	Check Number					
12	Check Number					
13	Check Number					
14	Check Number					
15	Check Number					
16	Check Number					
17	Check Number					

NOTE: You May also write the following if you have a large number of checks

88-1733/1149
TOTAL ITEMS: _____
PLEASE BE SURE ALL ITEMS ARE PROPERLY ENDORSED.
DEPOSITORS MAY NOT BE AVAILABLE FOR SERVICE OF WITHDRAWALS.
GRAND TOTAL CHECKS AND/OR CASH: \$ _____

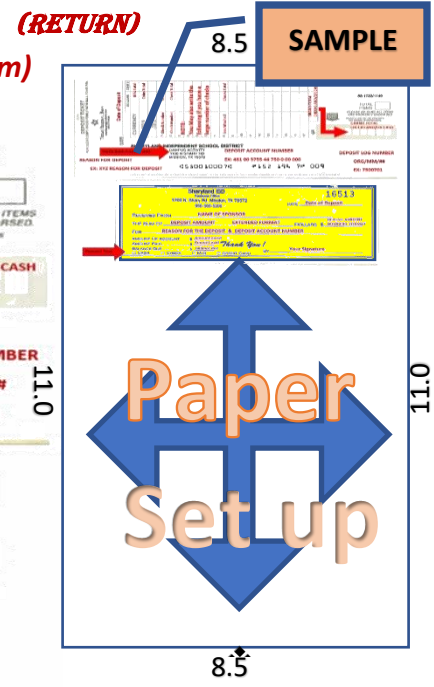
SHARYLAND INDEPENDENT SCHOOL DISTRICT
CAMPUS ACTIVITY
1106 N SHARY RD
MISSION, TX 78572

REASON FOR DEPOSIT: EX: XYZ REASON FOR DEPOSIT

DEPOSIT ACCOUNT NUMBER: EX: 461 00 5755 44 750 0 00 000

ORG/MM/##: EX: 7500701

DEPOSIT LOG NUMBER: 11.0



SHARYLAND ISD
Business Office
1200 N. Shary Rd. Mission, TX 78572
956-580-5200

16513
DATE Date of Deposit

RECEIVED FROM NAME OF SPONSOR

THE SUM OF DEPOSIT AMOUNT EXTENDED FORMAT DOLLARS \$ DEPOSIT AMOUNT NUMERIC FORMAT

FOR REASON FOR THE DEPOSIT & DEPOSIT ACCOUNT NUMBER

AMOUNT OF ACCOUNT \$ Amount owed
AMOUNT PAID \$ Amount paid
BALANCE DUE Balance due

CASH CHECK M.O. CREDIT CARD

Thank You!
BY Your Signature

❖ Image of Copies of Checks & Stamps

- (Stamp with Appropriate Account Stamp on Endorsement area)

Karen Art Studio
100 Somewhere Rd.
My City, CA 90000
(111) 111-1111

Your Bank Name: 8758 No. 100688
123 Bank Road 532
My City, CA 12345

Date: 07/25/23

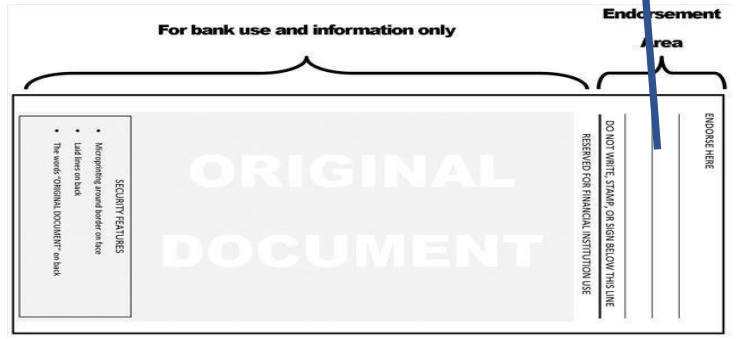
Pay To The Order Of: Sharyland ISD \$ 100.00
One hundred dollars & 00/100 Cents

Memo: XYZ Art Club Donation

1000 100688 106 2106 2 1 2346 51

Karen Art Studio 100688

(RETURN)



❖ Image of the Deposit Bag

(RETURN)

DETACH FOR YOUR RECORDS

TAMPER PROOF BAG #

SafeLOK

07/25/23
C7500701-0702

Date: 07/25/23 DEPOSIT DATE
Said to contain: C7500701-0702 DEPOSIT LOG #5
Signature: YOUR SIGNATURE

From: Sharyland ISD Date: 07/25/23 DEPOSIT DATE
Your Campus Name
Your Name
Your Phone # & EXT
To: Texas Regional Bank
2300 E GRIFFIN PKWY
MISSION, TX 78572
Account #:
Said to contain: SUM OF ALL DEPOSITS
Cash: SUM OF CURRENCY/COINS
Checks: SUM OF CHECKS/MO
Other:
Authorized Signature: YOUR SIGNATURE

SafeLOK
FrontSharyland ISD
Your Campus Name
Your Name
Your Phone # & EXT
Texas Regional Bank
2300 E GRIFFIN PKWY
MISSION, TX 78572
Account #:
Said to contain: SUM OF ALL DEPOSITS
Cash: SUM OF CURRENCY/COINS
Checks: SUM OF CHECKS/MO
Other:
Authorized Signature: YOUR SIGNATURE

07/25/23 DEPOSIT DATE

SERIES A

DG11171737

To remove contents-Cut along dotted line

❖ Image of the Armored Car Ticket

(RETURN)

RECEIVED FROM Sharyland ISD	STORE BRANCH NO. Campus/Dept Name
ADDRESS City/State	DATE Date of Deposit
PREPARED BY Your Name/ Campus/Org #	
DELIVERY TO Texas Regional Bank	STORE BRANCH NO.
ADDRESS 2300 E Griffin Pkwy	CITY/STATE Mission, TX 78572

FULL VALUE MUST BE DECLARED

ITEM	NO. OF ITEMS/BAGS	VALUE SAID TO CONTAIN	BAG DESCRIPTION SEAL NO.'S
CURRENCY		Value of Each Bag	Bag # for Each Bag
CHECKS			
FOOD STAMPS			
OTHER		USE one line for each bag	
PENNIES			
NICKELS			
DIMES			
QUARTERS			
HALVES			

MO. OF ITEMS/BAGS Qty of Bags	TOTAL VALUE Total Value of everything in the bag
---	--

AC/MESSENGER: _____ DATE: _____

INCOMING VAULT/NIGHT DEPOSITORY: _____ DATE: _____

OUTGOING VAULT/NIGHT DEPOSITORY: _____ DATE: _____

FINAL RECEIVER (FULL NAME): _____ TIME: _____ DATE: _____

INCOMING ROUTE: _____ OUTGOING ROUTE: _____

Rochester Armored Car Co., Inc. Receipt #
Lewis System of Iowa, Inc. 4838637
RAC/LEW COPY

❖ Images of Documents From Bookkeeper/Secretary

(RETURN)

Deposit Cover Sheet

DEPOSIT TICKET
 This document is not valid unless accompanied by the original receipt from the donor.

SHARYLAND INDEPENDENT SCHOOL DISTRICT
 CAMPUS ACTIVITY DEPOSIT ACCOUNT NUMBER
 1100 N SHARY RD MISSION, TX 78572 EX: 461 00 5755 44 750 0 00 000 DEPOSIT LOG NUMBER
 REASON FOR DEPOSIT EX: XYZ REASON FOR DEPOSIT DEPOSIT LOG NUMBER
 EX: 7500701

Sharyland ISD
 Business Office
 1200 N. Shary Rd. Mission, TX 78572
 956-580-5200

DATE Date of Deposit 16513

RECEIVED FROM NAME OF SPONSOR

THE SUM OF DEPOSIT AMOUNT EXTENDED FORMAT DOLLARS \$ DEPOSIT AMOUNT NUMERIC FORMAT

FOR REASON FOR THE DEPOSIT & DEPOSIT ACCOUNT NUMBER

AMOUNT OF ACCOUNT \$ Amount owed
 AMOUNT PAID \$ Amount paid
 BALANCE DUE \$ Balance due

Thank You!
 Your Signature

CASH CHECK M.O. CREDIT CARD

Bookkeeper/Secretary Deposit Form

SHARYLAND INDEPENDENT SCHOOL DISTRICT
 BOOKKEEPER/SECRETARY DEPOSIT FORM

DATE: 7/24/2023 DEPOSIT LOG #: _____

CAMPUS/ORG: _____

ACCOUNT #: _____

CURRENCY / COINS			BUSINESS CHECKS/MONEY ORDER/CASHER CHECKS NO PERSONAL CHECKS ALLOWED		
QUANTITY X	DENOMINATION OF CURRENCY	= TOTAL	NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
0	\$100	\$ -			
0	\$50	\$ -			
0	\$20	\$ -			
0	\$10	\$ -			
0	\$5	\$ -			
0	\$2	\$ -			
0	\$1	\$ -			
0	\$1.00	\$ -			
0	\$0.50	\$ -			
0	\$0.25	\$ -			
0	\$0.10	\$ -			
0	\$0.05	\$ -			
0	\$0.01	\$ -			

TOTAL CURRENCY: \$ -

TOTAL COINS: \$ -

TOTAL CURRENCY & COINS \$ -

ADDITIONAL CHECKS MAY BE ADDED ON THE CHECK TAB

TOTAL CHECKS (ATTACH COPIES) \$ -

TOTAL CURRENCY + COINS + CHECKS = \$ -

DETAILED DESCRIPTION OF RECEIPTS COLLECTED FOR WHAT PURPOSE:

SIGNATURE OF BOOKKEEPER/SECRETARY _____ DATE SENT TO BANK: _____

BOOKKEEPER/SECRETARY MUST ENTER ELECTRONICALLY USING DATA FROM SIGNED SPONSOR TABULATION OF MONIES FOR DEPOSIT SHEET

Failure to abide by Sharyland ISD policies may result in disciplinary action.

Receipt Issued to Sponsor (Yellow Copy)

Sharyland ISD
 Business Office
 1200 N. Shary Rd. Mission, TX 78572
 956-580-5200

DATE Date of Deposit 16513

RECEIVED FROM NAME OF SPONSOR

THE SUM OF DEPOSIT AMOUNT EXTENDED FORMAT DOLLARS \$ DEPOSIT AMOUNT NUMERIC FORMAT

FOR REASON FOR THE DEPOSIT & DEPOSIT ACCOUNT NUMBER

AMOUNT OF ACCOUNT \$ Amount owed
 AMOUNT PAID \$ Amount paid
 BALANCE DUE \$ Balance due

Thank You!
 Your Signature

CASH CHECK M.O. CREDIT CARD

Sponsor Tabulation Distribution Sheet

SHARYLAND INDEPENDENT SCHOOL DISTRICT
 SPONSOR TABULATION OF MONIES FOR DEPOSIT

DATE: _____

ORGANIZATION: _____

ACCOUNT NUMBER: _____

CURRENCY / COINS			BUSINESS CHECKS/MONEY ORDER/CASHER CHECK NO PERSONAL CHECKS ALLOWED		
QUANTITY X	DENOMINATION OF CURRENCY	= TOTAL	NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
	\$100				
	\$50				
	\$20				
	\$10				
	\$5				
	\$2				
	\$1				
	\$1.00				
	\$0.50				
	\$0.25				
	\$0.10				
	\$0.05				
	\$0.01				

TOTAL CURRENCY: _____

TOTAL COINS: _____

TOTAL CURRENCY & COINS _____

ADDITIONAL CHECKS MAY BE ADDED ON THE CHECK TAB

TOTAL CHECKS (ATTACH COPIES): _____

TOTAL CURRENCY + COINS + CHECKS = _____

RECEIPTS COLLECTED FOR WHAT PURPOSE:

I HEREBY ACKNOWLEDGE DELIVERY OF FUNDS INTACT: _____ I HEREBY ACKNOWLEDGE RECEIPT OF FUNDS INTACT _____

SIGNATURE OF SPONSOR/COLLECTOR _____ SIGNATURE OF BOOKKEEPER/SECRETARY _____

Sponsor Deposit Checklist

SPONSOR DEPOSIT CHECKLIST	
TO BOOKKEEPER/SECRETARY	
Organization: _____	Account No. _____
REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL)	
<input type="checkbox"/> Deposit Tabulation Distribution Sheet (FOR EVERY DEPOSIT)	
LOCATE THE TYPE OF DEPOSIT YOU ARE MAKING AND SELECT DEPOSIT TYPE REQUIRED DOCUMENTATION PER DEPOSIT TYPE (THIS IS NOT OPTIONAL)	
FOR EVENTS WHERE TICKETS/BRACELETS WILL BE SOLD	WHEN YOU RECEIVE MONEY FOR NON-FUNDRAISER
ONLY CASH/NO CHECKS/NO MONEY ORDERS, ETC.	ONLY CASH/NO CHECKS/NO MONEY ORDERS, ETC.
SELECT ONE	SELECT ONE
<input type="checkbox"/> FESTIVALS	<input type="checkbox"/> PARKING FEES
<input type="checkbox"/> CLINICS	<input type="checkbox"/> TESTING FEES
<input type="checkbox"/> TALENT SHOWS	<input type="checkbox"/> ID FEES
<input type="checkbox"/> GATE ENTRY FEES	<input type="checkbox"/> CLUB DUES
<input type="checkbox"/> DANCE/PROM	<input type="checkbox"/> AFTER SCHOOL CARE
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> CELL PHONE FEES
	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> Currency/Coins	<input type="checkbox"/> CAMP FEES (NON-PROFIT)
<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	<input type="checkbox"/> DUAL ENROLLMENT FEES
<input type="checkbox"/> Completed Ticket/Bracelet Sales Template	<input type="checkbox"/> LOST TEXTBOOK FEES
<input type="checkbox"/> Ticket Stubs (if Tickets used)	<input type="checkbox"/> LOST LIBRARY BOOK FEES
	<input type="checkbox"/> LIBRARY LATE FEES
	<input type="checkbox"/> CLUB REGISTRATION FEES
BOOKFAIR	
ONLY CASH/NO CHECKS/NO MONEY ORDERS, ETC.	
SELECT ONE	
<input type="checkbox"/> Currency/Coins	<input type="checkbox"/> Original Receipts (For collections over \$5 each payment)
<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	<input type="checkbox"/> Yellow Carbonless Copy
<input type="checkbox"/> Daily Cash Register Report	<input type="checkbox"/> Completed Receipt Tally Template
	<input type="checkbox"/> Daily Collections Report (ONLY \$5 or less per payment)
UNUSED TRAVEL MONEY	WHEN YOU RECEIVE MONEY FOR FUNDRAISER (SALE ITEMS)
ONLY CASH/NO CHECKS/NO MONEY ORDERS, ETC.	ONLY CASH/NO CHECKS/NO MONEY ORDERS, ETC.
SELECT ONE	SELECT ONE
<input type="checkbox"/> Currency/Coins	<input type="checkbox"/> BROCHURE SALES
<input type="checkbox"/> Copy of Approved Purchase Order	<input type="checkbox"/> DISCOUNT CARDS
<input type="checkbox"/> Original Receipts	<input type="checkbox"/> CHOCOLATE BARS
<input type="checkbox"/> Copy of Original Receipts	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> Completed Original Student Meal Advance Template	<input type="checkbox"/> FAN SHIRTS
<input type="checkbox"/> Copy of the Student Meal Advance Template	<input type="checkbox"/> CANDLES
	<input type="checkbox"/> GOURMET POPCORN
FOR FOOD SALES	
ONLY CASH/NO CHECKS/NO MONEY ORDERS, ETC.	
SELECT ONE	
<input type="checkbox"/> CONCESSIONS	<input type="checkbox"/> Currency/Coins
<input type="checkbox"/> EXEMPT DAYS	<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> Original Receipts (For collections over \$5 each payment)
	<input type="checkbox"/> Yellow Carbonless Copy
<input type="checkbox"/> Currency/Coins	<input type="checkbox"/> Completed Receipt Tally Template
<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	<input type="checkbox"/> Daily Collections Report (ONLY \$5 or less per payment)
<input type="checkbox"/> Completed Concessions Sales Template	<input type="checkbox"/> Completed Inventory Sales Template
CHANGE BOX FUNDS RETURN (1109)	WHEN BUSINESS PAY WITH CASH AND CHECKS
ONLY CASH/NO CHECKS/NO MONEY ORDERS, ETC.	NO PERSONAL CHECKS (NO EXCEPTIONS!)
SELECT ONE	SELECT ONE
<input type="checkbox"/> Currency/Coins	<input type="checkbox"/> COMMISSION CHECKS
<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	<input type="checkbox"/> ATHLETIC/JUI/J/CHESS TOURNAMENTS
<input type="checkbox"/> Completed Receipt Tally Template	<input type="checkbox"/> RENTALS
<input type="checkbox"/> Business Checks (When applicable)	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> Check Copies	
<input type="checkbox"/> Signed Donation Form	<input type="checkbox"/> Currency/Coins
<input type="checkbox"/> Copy of Signed Donation Form	<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)
DONATIONS	<input type="checkbox"/> Original Receipts (For collections over \$5 each payment)
ONLY CASH/NO CHECKS/NO MONEY ORDERS, ETC.	<input type="checkbox"/> Yellow Carbonless Copy
SELECT ONE	<input type="checkbox"/> Completed Receipt Tally Template
<input type="checkbox"/> Currency/Coins	<input type="checkbox"/> Business Checks (When applicable)
<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	<input type="checkbox"/> Check Copies
<input type="checkbox"/> Completed Receipt Tally Template	
<input type="checkbox"/> Business Checks (When applicable)	Sponsor Signature Verification: _____ Date _____
<input type="checkbox"/> Check Copies	Bookkeeper/Secretary Verification: _____ Date _____
<input type="checkbox"/> Signed Donation Form	
<input type="checkbox"/> Copy of Signed Donation Form	
OPTIONAL DOCUMENTATION	
<input type="checkbox"/> Letter, etc (Additional Back up if applicable)	

Documents Pertaining to Deposit Type

(CLICK ON DEPOSIT TYPE TO VIEW DEPOSIT DOCUMENTATION FROM SPONSOR)

- ❖ **TICKET/BRACELET SALES**
- ❖ **BOOKFAIR**
- ❖ **PRESALE/INVENTORY**
- ❖ **NONFUNDRAISER**
- ❖ **SALES PAID WITH BUSINESS CHECKS**
- ❖ **FOOD SALES**
- ❖ **DONATIONS**
- ❖ **UNUSED TRAVEL**
- ❖ **CHANGE BOX FUNDS**

Bookkeeper/Secretary Deposit Checklist

BOOKKEEPER DEPOSIT CHECKLIST	
STAPLED ORDER FOR ALL DEPOSITS TO MAIDA DOMINGUEZ:	
<input type="checkbox"/> Deposit Coversheet (PORTRAIT FORMAT)	
<input type="checkbox"/> Bookkeeper/Secretary Deposit Form	
<input type="checkbox"/> Original Receipt to Sponsor	
<input type="checkbox"/> Deposit Tabulation Distribution Sheet	
<input type="checkbox"/> COMPLETED Sponsor Deposit Checklist	
ADDITIONAL STAPLE ORDER BASED ON DEPOSIT TYPE TO MAIDA DOMINGUEZ	ADDITIONAL STAPLE ORDER BASED ON DEPOSIT TYPE TO MAIDA DOMINGUEZ
SELECT ONE	SELECT ONE
<input type="checkbox"/> FOR EVENTS WHERE TICKETS/BRACELETS WILL BE SOLD	<input type="checkbox"/> WHEN BUSINESS PAY WITH CASH AND CHECKS
<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)
<input type="checkbox"/> Completed Ticket/Bracelet Sales Template	<input type="checkbox"/> Original Receipts (For collections over \$5 each payment)
<input type="checkbox"/> Ticket Stubs	<input type="checkbox"/> Yellow Carbonless Copy
<input type="checkbox"/> Letter, etc (Additional Back up if applicable)	<input type="checkbox"/> Completed Receipt Tally Template
<input type="checkbox"/> WHEN YOU RECEIVE MONEY FOR NON-FUNDRAISER	<input type="checkbox"/> Business Checks (When applicable)
<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	<input type="checkbox"/> Check Copies
<input type="checkbox"/> Original Receipts (For collections over \$5 each payment)	<input type="checkbox"/> Letter, etc (Additional Back up if applicable)
<input type="checkbox"/> Yellow Carbonless Copy	<input type="checkbox"/> CHANGE BOX FUNDS RETURNED 1109
<input type="checkbox"/> Completed Receipt Tally Template	<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)
<input type="checkbox"/> Daily Collections Report (ONLY \$5 or less per payment)	<input type="checkbox"/> Copy of Approved Purchase Order
<input type="checkbox"/> Letter, etc (Additional Back up if applicable)	<input type="checkbox"/> UNUSED TRAVEL MONEY (Continue Below for ADDTL INSTRUCTIONS)
<input type="checkbox"/> BOOKFAIR	<input type="checkbox"/> Copy of Approved Purchase Order
<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	<input type="checkbox"/> Copy of Original Receipts
<input type="checkbox"/> Daily Cash Register Report	<input type="checkbox"/> Copy of the Student Meal Advance Template
<input type="checkbox"/> Letter, etc (Additional Back up if applicable)	<input type="checkbox"/> DONATIONS (Continue Below for ADDTL INSTRUCTIONS)
<input type="checkbox"/> WHEN YOU RECEIVE MONEY FOR FUNDRAISER (SALE ITEMS)	<input type="checkbox"/> Original Receipts (For collections over \$5 each payment)
<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	<input type="checkbox"/> Yellow Carbonless Copy
<input type="checkbox"/> Original Receipts (For collections over \$5 each payment)	<input type="checkbox"/> Completed Receipt Tally Template
<input type="checkbox"/> Yellow Carbonless Copy	<input type="checkbox"/> Business Checks (When applicable)
<input type="checkbox"/> Completed Receipt Tally Template	<input type="checkbox"/> Check Copies
<input type="checkbox"/> Daily Collections Report (ONLY \$5 or less per payment)	<input type="checkbox"/> Copy of Signed Donation Form
<input type="checkbox"/> Completed Inventory Sales Template	<input type="checkbox"/> Letter, etc (Additional Back up if applicable)
<input type="checkbox"/> Letter, etc (Additional Back up if applicable)	NOT STAPLED TO DEPOSIT TO MAIDA DOMINGUEZ
<input type="checkbox"/> FOOD SALES	<input type="checkbox"/> DONATIONS
<input type="checkbox"/> Approved Fundraiser/Sales Application (Laserfiche)	<input type="checkbox"/> Signed Donation Form
<input type="checkbox"/> Completed Concessions Sales Template	
<input type="checkbox"/> Letter, etc (Additional Back up if applicable)	TO ACCOUNTS PAYABLE
	<input type="checkbox"/> UNUSED TRAVEL MONEY
	<input type="checkbox"/> Deposit Coversheet (PORTRAIT FORMAT)
	<input type="checkbox"/> Copy of Approved Purchase Order
	<input type="checkbox"/> Original Receipts
	<input type="checkbox"/> Completed Original Student Meal Advance Template
Bookkeeper/Secretary Verification: _____	Date _____

NOTES YOU MAY NEED OR WANT TO SHARE:

(RETURN)

Images of required documentation from Sponsors per Deposit Type:

TICKET/BRACELET SALES

(RETURN)

- Cash (NO PERSONAL CHECKS ACCEPTED)
- Signed Sponsor Deposit Checklist
- Sponsor Deposit Tabulation Sheet
- Copy of Approved Fundraiser/Sales Application
- Ticket/Bracelet Sales Template
- Ticket Stubs (Ticket Sales Only)

Sponsor Deposit Checklist

SPONSOR DEPOSIT CHECKLIST
TO BOOKKEEPER/SECRETARY

Organization: _____ Account No. _____

REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL)
Deposit Tabulation Distribution Sheet (FOR EVERY DEPOSIT)

LOCATE THE TYPE OF DEPOSIT YOU ARE MAKING AND SELECT DEPOSIT TYPE
REQUIRED DOCUMENTATION PER DEPOSIT TYPE (THIS IS NOT OPTIONAL)

FOR EVENTS WHERE TICKETS/BRACELETS WILL BE SOLD
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
SELECT ONE
 FESTIVALS
 CLINICS
 TALENT SHOWS
 GATE ENTRY FEES
 DANCE/PROM
 OTHER _____

Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Completed Ticket/Bracelet Sales Template
 Ticket Stubs (if tickets used)

WHEN YOU RECEIVE MONEY FOR NON-FUNDRAISER
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
SELECT ONE
 PARKING FEES
 TESTING FEES
 ID FEES
 CLUB DUES
 AFTER SCHOOL CARE
 CELL PHONE FEES
 OTHER _____

CAMP FEES (NON-PROFIT)
 DUAL ENROLLMENT FEES
 LOST TEXTBOOK FEES
 LOST LIBRARY BOOK FEES
 LIBRARY LATE FEES
 CLUB REGISTRATION FEES

Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Original Receipts (For collections over \$5 each payment)

BOOKFAIR
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
 Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Daily Cash Register Report

UNUSED TRAVEL MONEY
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
 Currency/Coins
 Copy of Approved Purchase Order
 Original Receipts
 Copy of Original Receipts
 Completed Original Student Meal Advance Template
 Copy of the Student Meal Advance Template

FOR FOOD SALES
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
SELECT ONE
 CONCESSIONS
 EXEMPT DAYS
 OTHER _____

Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Completed Concessions Sales Template

CHANGE BOX FUNDS RETURN (1109)
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
 Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)

DONATIONS
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
 Currency/Coins
 Original Receipts (For collections over \$5 each payment)
 Yellow Carbonless Copy
 Completed Receipt Tally Template
 Business Checks (When applicable)
 Check Copies
 Signed Donation Form
 Copy of Signed Donation Form

OPTIONAL DOCUMENTATION
 Letter, etc (Additional Back up if applicable)

WHEN BUSINESS PAY WITH CASH AND CHECKS
NO PERSONAL CHECKS (NO EXCEPTIONS!)
SELECT ONE
 COMMISSION CHECKS
 ATHLETIC/JUIL/CHESS TOURNAMENTS
 RENTALS
 OTHER _____

Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Original Receipts (For collections over \$5 each payment)
 Yellow Carbonless Copy
 Completed Receipt Tally Template
 Business Checks (When applicable)
 Check Copies

Sponsor Signature Verification: _____ Date _____
Bookkeeper/Secretary Verification: _____ Date _____

**FIND
TICKET/ BRACELET
SALES HERE**

Sponsor Tabulation Sheet

SHARYLAND INDEPENDENT SCHOOL DISTRICT
SPONSOR TABULATION OF MONIES FOR DEPOSIT

DATE: _____

ORGANIZATION: _____

ACCOUNT NUMBER: _____

CURRENCY / COINS			BUSINESS CHECKS/MONEY ORDER/CASHIER CHECK NO PERSONAL CHECKS ALLOWED		
QUANTITY X	DENOMINATION OF CURRENCY	= TOTAL	NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
	\$100				
	\$50				
	\$20				
	\$10				
	\$5				
	\$2				
	\$1				
	\$1.00				
	\$0.50				
	\$0.25				
	\$0.10				
	\$0.05				
	\$0.01				
TOTAL CURRENCY :			ADDITIONAL CHECKS MAY BE ADDED ON THE CHECK TAB		
TOTAL COINS :			TOTAL CHECKS (ATTACH COPIES):		
TOTAL CURRENCY & COINS			TOTAL CURRENCY + COINS + CHECKS =		

RECEIPTS COLLECTED FOR WHAT PURPOSE:

I HEREBY ACKNOWLEDGE DELIVERY OF FUNDS INTACT: _____ I HEREBY ACKNOWLEDGE RECEIPT OF FUNDS INTACT _____

SIGNATURE OF SPONSOR/COLLECTOR _____ SIGNATURE OF BOOKKEEPER/SECRETARY _____

Laserfiche Fundraiser/Sales Application

Laserfiche Fundraiser/Sales Application (Approval Signatures)

Application for Activity Fundraiser / Sales

SUBMIT APPLICATION FOR APPROVAL TWO WEEKS BEFORE SALES START DATE

Fundraiser Type*
FOOD

Event Number*
Fundraiser #1 Fundraiser #2 Non-Fundraiser

Is this event JHS/HS Athletics-related?*

Are you using My School Bucks?*

Campus*
Sharyland HS

Organization*
TXPSTA-CTSD Law Enforcement

Activity Act No*
883.L.00.2191.97.001.0.00.000

Sponsor*
Hydra K Gonzalez

Club President*
Victoria Letzinger

Beginning Sales Date*
04/04/2023

Ending Sales Date*
05/05/2023

Description of Activity/Product(s)*
Biz Ocampo-Big Kahuna cookies. Variety of cookies, box of 30 cookies.

Benefit and Purpose*
Fundraiser for scholarships, uniforms, club starts and CTSD end of year banquet

Location*
Sharyland High School

Vendor Name
Biz Ocampo-Big Kahuna

Estimated Revenues*
\$ 0.00

Cost Per Item (if applicable)
\$ 2.00

Estimated Expenses*
\$ 1,200.00

Sales Price Per Item (if applicable)
\$ 2.00

Estimated Profit
\$ -1,200.00

Commission % (if applicable)
0.00

SHARYLAND INDEPENDENT SCHOOL DISTRICT

Responsibilities of Activity Fund Sponsors

The purpose for the collecting or raising and expending of funds by student groups is for the direct benefit of the students. Funds are to be used to finance activities that supplement the District's educational program. Fundraising activities will contribute to the educational experience of students and will not conflict with the instructional program. Money raised by student groups and organizations is held by the school as trustee. The faculty sponsor of a student group is responsible for maintaining adequate financial records as evidence of proper stewardship of money received by and disbursed from organization accounts.

I hereby acknowledge that I have read the Sharyland Independent School District Activity Fund Accounting Handbook and that I am responsible for complying with it. In particular, I acknowledge that:

1. Develop fundraising activities and had them approved in advance by the principal using the designated form.

2. I am responsible for both safeguarding and accounting for funds received from and/or on behalf of students.

3. I will safeguard activities funds until they are deposited with the school principal/designee.

4. At the completion of all fundraisers the Sales Summary Report will be completed and submitted to the principal for approval.

5. All purchases made on behalf of the student organization will be made by check and approved in advance by the principal and finance administration using the Cityward Requestion System.

6. All food and beverage fund raiser:

- a. Must meet the USDA nutritional guidelines
- b. Can be sold 30 minutes after the end of the school day (past bell) until midnight
- c. Is an exempt day but cannot be near the serving area during the meal service

7. I will maintain a positive balance in my organization's account at all times.

I understand that I will be held responsible for any student activity funds entrusted to me and that I will reimburse the student organization for any money or property purchased with student activity money which is lost due to my own negligence, theft, or fraud.

I am familiar with the school and district policies regarding the sale of merchandise at school and in the community. I accept responsibility for the Sales Tax collection of any and all collections involved. I agree to submit the Financial Report to the Business Office within 2 weeks after completion of the fundraiser.

Sponsor Signature
Hydra K Gonzalez Date
04/11/2023

Principal / Athletic Coordinator Signature
Dr. Ann Garcia Date
04/11/2023

Final Approver Signature
Darlene Avants Date
04/12/2023

Comments:

REQUIRED

Bracelet Sales Template

Bracelet Sales

PAGE 1	BRACELET SALES TOTAL	\$ -	EVENT NAME	
	ENTER CASH TOTAL COLLECTED	\$ -		
	DIFFERENCE	\$ -		
		BALANCE		
BRACELET COLOR		\$ -	BRACELET COLOR	\$ -
(FOR USE WITH MULTI-COLOR BRACELETS ONLY)			(FOR USE WITH MULTI-COLOR BRACELETS ONLY)	
EVENT DATE			EVENT DATE	
BRACELET SELLING PRICE			BRACELET SELLING PRICE	
ENTER QUANTITY OF STARTING INVENTORY (BEFORE FUNDRAISER)			ENTER QUANTITY OF STARTING INVENTORY (BEFORE FUNDRAISER)	
ENTER QUANTITY OF REMAINING INVENTORY (AFTER FUNDRAISER)			ENTER QUANTITY OF REMAINING INVENTORY (AFTER FUNDRAISER)	
TOTAL BRACELETS SOLD	0		TOTAL BRACELETS SOLD	0
BRACELET SALES	\$ -		BRACELET SALES	\$ -

Ticket Sales Template & Stub

Ticket Sales

PAGE 1	TICKET SALES TOTAL	\$ 10.00	EVENT NAME	
	ENTER CASH TOTAL COLLECTED	\$ 5.00		
	DIFFERENCE	\$ (5.00)	EXPLAIN WHY DOES NOT BALANCE	
		DOES NOT BALANCE		
TICKET COLOR		\$ 10.00	TICKET COLOR	\$ -
(FOR USE WITH MULTI-COLOR TICKETS ONLY)			(FOR USE WITH MULTI-COLOR TICKETS ONLY)	
EVENT DATE			EVENT DATE	
SELLING TICKET PRICE	\$ 1.00		SELLING TICKET PRICE	
ENTER THE 1ST TICKET # SOLD (STARTING TICKET #)	1		ENTER THE 1ST TICKET # SOLD (STARTING TICKET #)	
ENTER THE LAST TICKET # SOLD (ENDING TICKET #)	10		ENTER THE LAST TICKET # SOLD (ENDING TICKET #)	
TOTAL TICKETS SOLD	10		TOTAL TICKETS SOLD	1
TOTAL TICKET SALES	\$ 10.00		TOTAL TICKET SALES	\$ -

Ticket Stubs (DO NOT DETACH STUBS)



(RETURN)

BOOKFAIR

- Cash (NO PERSONAL CHECKS ACCEPTED)
- Signed Sponsor Deposit Checklist
- Sponsor Deposit Tabulation Sheet
- Copy of Approved Fundraiser/Sales Application
- Daily Cash Register Report

Sponsor Deposit Checklist

SPONSOR DEPOSIT CHECKLIST
TO BOOKKEEPER/SECRETARY

Organization: _____ Account No. _____

REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL)

Deposit Tabulation Distribution Sheet (FOR EVERY DEPOSIT)

LOCATE THE TYPE OF DEPOSIT YOU ARE MAKING AND SELECT DEPOSIT TYPE
REQUIRED DOCUMENTATION PER DEPOSIT TYPE (THIS IS NOT OPTIONAL)

FOR EVENTS WHERE TICKETS/BRACELETS WILL BE SOLD
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
SELECT ONE
 FESTIVALS
 CLINICS
 TALENT SHOWS
 GATE ENTRY FEES
 DANCE/PROM
 OTHER

Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Completed Ticket/Bracelet Sales Template
 Ticket Stubs (if Tickets used)

BOOKFAIR

Yellow Carbonless Copy
 Completed Receipt Tally Template
 Daily Collections Report (ONLY \$5 or less per payment)

WHEN YOU RECEIVE MONEY FOR NON-FUNRAISER
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
SELECT ONE
 BROCHURE SALES
 DISCOUNT CARDS
 CHOCOLATE BARS
 OTHER

FAN SHIRTS
 CANDLES
 GOURMET POPCORN

Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Original Receipts (For collections over \$5 each payment)

Yellow Carbonless Copy
 Completed Receipt Tally Template
 Daily Collections Report (ONLY \$5 or less per payment)
 Completed Inventory Sales Template

WHEN BUSINESS PAY WITH CASH AND CHECKS
NO PERSONAL CHECKS (NO EXCEPTIONS)
SELECT ONE
 COMMISSION CHECKS
 ATHLETIC/JUL/CHESS TOURNAMENTS
 RENTALS
 OTHER

Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Original Receipts (For collections over \$5 each payment)

Yellow Carbonless Copy
 Completed Receipt Tally Template
 Business Checks (When applicable)
 Check Copies

Sponsor Signature Verification: _____ Date _____
 Bookkeeper/Secretary Verification: _____ Date _____

FIND BOOKFAIR HERE

Sponsor Tabulation Sheet

SHARYLAND INDEPENDENT SCHOOL DISTRICT
SPONSOR TABULATION OF MONIES FOR DEPOSIT

DATE: _____

ORGANIZATION: _____

ACCOUNT NUMBER: _____

CURRENCY / COINS			BUSINESS CHECKS/MONEY ORDER/CASHER CHECK NO PERSONAL CHECKS ALLOWED		
QUANTITY X	DENOMINATION OF CURRENCY	= TOTAL	NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
	\$100				
	\$50				
	\$20				
	\$10				
	\$5				
	\$2				
	\$1				
	\$1.00				
	\$0.50				
	\$0.25				
	\$0.10				
	\$0.05				
	\$0.01				
TOTAL CURRENCY :			ADDITIONAL CHECKS MAY BE ADDED ON THE CHECK TAB		
TOTAL COINS :			TOTAL CHECKS (ATTACH COPIES):		
TOTAL CURRENCY & COINS			TOTAL CURRENCY + COINS + CHECKS =		

RECEIPTS COLLECTED FOR WHAT PURPOSE:

I HEREBY ACKNOWLEDGE DELIVERY OF FUNDS INTACT: _____
 SIGNATURE OF SPONSOR/COLLECTOR

I HEREBY ACKNOWLEDGE RECEIPT OF FUNDS INTACT

 SIGNATURE OF BOOKKEEPER/SECRETARY

Laserfiche Fundraiser/Sales Application

Application for Activity Fundraiser / Sales

SHARYLAND INDEPENDENT SCHOOL DISTRICT

SUBMIT APPLICATION FOR APPROVAL TWO WEEKS BEFORE SALES START DATE

Fundraiser Type*
FOOD

Event Number*
Fundraiser #1: Fundraiser #2: Non-Fundraiser Is this event JHS/HS Athletics-related? Yes No

Are you using My School Bucks? Yes No

Campus*
Sharyland HS

Organization*
TXPSTA- CTSD Law Enforcement

Activity Acct No*
8663.00 2191.97 001 0 00 000

Req #

Sponsor*
Nydia K. Gonzalez

Club President*
Victoria Leisinger

Beginning Sales Date*
04/24/2023

Ending Sales Date*
05/05/2023

Description of Activity/Product(s)*
Biz Ocampo-Big Kahuna cookies. Variety of cookies, box of 30 cookies.

Benefit and Purpose*
Fundraiser for scholarships, uniforms, club events and CTSD end of year banquet

Location*
Sharyland High School

Vendor Name*
Biz Ocampo-Big Kahuna

Estimated Revenues*
\$ 0.00

Cost Per Item (if applicable)
\$ 2.00

Estimated Expenses*
\$ 1,200.00

Sales Price Per Item (if applicable)
\$ 2.00

Estimated Profit
\$ -1,200.00

Commission % (if applicable)
0.00

SHARYLAND INDEPENDENT SCHOOL DISTRICT

Responsibilities of Activity Fund Sponsors

The purpose for the collecting or raising and expending of funds by student groups is for the direct benefit of the students. Funds are to be used to finance activities that supplement the District's educational program. Fundraising activities will contribute to the educational experience of students and will not conflict with the instructional program. Money raised by student groups and organizations is held by the school as trustee. The faculty sponsor of a student group is responsible for maintaining adequate financial records as evidence of proper custodianship of money received by and disbursed from organization accounts.

I hereby acknowledge that I have read the Sharyland Independent School District Activity Fund Accounting Handbook and that I am responsible for complying with it. In particular, I acknowledge that:

1. Develop fundraising activities and had them approved in advance by the principal using the designated form.

Laserfiche Fundraiser/Sales Application (Approval Signatures)

2. I am responsible for both safeguarding and accounting for funds received from and/or on behalf of students.

3. I will safeguard activities funds until they are deposited with the school principal or designee.

4. At the completion of all fundraisers the Sales Summary Report will be completed and submitted to the principal for approval.

5. All purchases made on behalf of the student organization will be made by check and approved in advance by the principal and finance administration using the Gateway Requestion System.

6. All food and beverage fund raises:

- a. Must meet the USDA nutritional guidelines
- b. Can be sold 30 minutes after the end of the school day (past bell) until midnight
- c. Is an exempt day but cannot be near the serving area during the meal service

7. I will maintain a positive balance in my organization's account at all times.

I understand that I will be held responsible for any student activity funds entrusted to me and that I will reimburse the student organization for any money or property purchased with student activity money which is lost due to my own negligence, theft, or fraud.

I am familiar with the school and district policies regarding the sale of merchandise at school and in the community. I accept responsibility for the Sales Tax collection of any and all cash collections received. I agree to submit the Financial Report to the Business Office within 2 weeks after completion of this fundraiser.

Sponsor Signature: _____ Date: 04/11/2023

Principal / Athletic Coordinator Signature: _____ Date: 04/11/2023

Final Approver Signature: _____ Date: 04/11/2023

Comments: _____

REQUIRED

Daily Cash Register Report (Bookfair Only)

REGISTER TOTALS 02/06/23

Tender Totals		
Tender	Qty	Amt
Cash and Checks	22	262.49
Credit Cards (Includes eWallet & eGift Card/Campaign)	3	71.65
Purchase Orders	0	0.00
Total	25	334.14
(Includes Unredeemed Total)		

Gross Sales	
Tax Exempt Sales	0.00
Taxable Sales	349.14
Gross Sales Total	349.14
(Excludes Unredeemed Total)	
Tax Total (8.25%)	26.59
Taxable Sales (Less Sales Tax)	322.55

Net Sales	
Scholastic Dollars	0.00
Discounts	0.00
Gift Certificates Purchased	0.00
Gift Certificates Redeemed (Included in Gross)	15.00
Gift Certificates Unredeemed	(15.00)
All For Books Collected	0.00
All For Books Redeemed (Included in Gross)	0.00
All For Books Unredeemed	0.00
Unredeemed Total	(15.00)



(RETURN)

■ PRESALE/INVENTORY

- Cash (NO PERSONAL CHECKS ACCEPTED)
- Signed Sponsor Deposit Checklist
- Sponsor Deposit Tabulation Sheet
- Copy of Approved Fundraiser/Sales Application
- Original receipts to payee or Daily Cash Report
- Receipt Tally Template (When Receipts are used for payments over \$5.00)
- Inventory Sales Template

❖ Sponsor Deposit Checklist

SPONSOR DEPOSIT CHECKLIST
TO BOOKKEEPER/SECRETARY

Organization: _____ Account No. _____

REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL)

Deposit Tabulation Distribution Sheet (FOR EVERY DEPOSIT)

LOCATE THE TYPE OF DEPOSIT YOU ARE MAKING AND SELECT DEPOSIT TYPE
REQUIRED DOCUMENTATION PER DEPOSIT TYPE (THIS IS NOT OPTIONAL)

FOR DEPOSITS WHEN YOU RECEIVE MONEY FOR NON-FUNRAISER

ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
SELECT ONE

CASH/NO CHECKS/NO MONEY ORDERS/ETC.

PARKING FEES
 TESTING FEES
 ID FEES
 CLUB DUES
 AFTER SCHOOL CARE
 CELL PHONE FEES
 OTHER _____

CAMP FEES (NON-PROFIT)
 DUAL ENROLLMENT FEES
 LOST TEXTBOOK FEES
 LOST LIBRARY BOOK FEES
 LIBRARY LATE FEES
 CLUB REGISTRATION FEES

Currency/Coins
Approved Fundraiser/Sales Application (Laserfiche)
Original Receipts (For collections over \$5 each payment)
 Yellow Carbonless Copy
Completed Receipt Tally Template
Daily Collections Report (ONLY \$5 or less per payment)

WHEN YOU RECEIVE MONEY FOR FUNRAISER (SALE ITEMS)

ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
SELECT ONE

CASH/NO CHECKS/NO MONEY ORDERS/ETC.

BROCHURE SALES
 DISCOUNT CARDS
 CHOCOLATE BARS
 OTHER _____

FAN SHIRTS
 CANDLES
 GOURMET POPCORN

Currency/Coins
Approved Fundraiser/Sales Application (Laserfiche)
Original Receipts (For collections over \$5 each payment)
 Yellow Carbonless Copy
Completed Receipt Tally Template
Daily Collections Report (ONLY \$5 or less per payment)
Completed Inventory Sales Template

WHEN BUSINESS PAY WITH CASH AND CHECKS

NO PERSONAL CHECKS (NO EXCEPTIONS!)

SELECT ONE

COMMISSION CHECKS
 ATHLETIC/JUL/CHESS TOURNAMENTS
 RENTALS
 OTHER _____

Currency/Coins
Approved Fundraiser/Sales Application (Laserfiche)
Original Receipts (For collections over \$5 each payment)
 Yellow Carbonless Copy
Completed Receipt Tally Template
Business Checks (When applicable)
Check Copies

Sponsor Signature Verification: _____ Date _____

Bookkeeper/Secretary Verification: _____ Date _____

OPTIONAL DOCUMENTATION

Letter, etc (Additional Back up if applicable)

FIND PRE-SALE/INVENTORY HERE

Sponsor Tabulation Sheet

SHARYLAND INDEPENDENT SCHOOL DISTRICT
SPONSOR TABULATION OF MONIES FOR DEPOSIT

DATE: _____

ORGANIZATION: _____

ACCOUNT NUMBER: _____

CURRENCY / COINS				BUSINESS CHECKS/MONEY ORDER/CASHIER CHECK NO PERSONAL CHECKS ALLOWED		
QUANTITY	X	DENOMINATION OF CURRENCY	= TOTAL	NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
		\$100				
		\$50				
		\$20				
		\$10				
		\$5				
		\$2				
		\$1				
		\$1.00				
		\$0.50				
		\$0.25				
		\$0.10				
		\$0.05				
		\$0.01				
TOTAL CURRENCY :				ADDITIONAL CHECKS MAY BE ADDED ON THE CHECK TAB		
TOTAL COINS :				TOTAL CHECKS (ATTACH COPIES):		
TOTAL CURRENCY & COINS				TOTAL CURRENCY + COINS + CHECKS =		

RECEIPTS COLLECTED FOR WHAT PURPOSE:

I HEREBY ACKNOWLEDGE DELIVERY OF FUNDS INTACT: _____

I HEREBY ACKNOWLEDGE RECEIPT OF FUNDS INTACT

SIGNATURE OF SPONSOR/COLLECTOR _____

SIGNATURE OF BOOKKEEPER/SECRETARY _____

❖ Laserfiche Fundraiser/Sales Application

Application for Activity Fundraiser / Sales

SHARYLAND INDEPENDENT SCHOOL DISTRICT
Business is our Tradition

SUBMIT APPLICATION FOR APPROVAL TWO WEEKS BEFORE SALES START DATE

Fundraiser Type*
FOOD

Event Number*
Fundraiser #1 Fundraiser #2 Non-Fundraiser

Is this event JHS/HS Athletics-related? *
Yes No

Are you using My School Bucks? *
Yes No

Campus*
Sharyland HG

Organization*
TXPSTA- CTSD Law Enforcement

Req #

Activity Acct No*
865.L.03.2181.97.001.0.00.000

Club President*
Victoria Luedinger

Sponsor*
Mylla K. Gonzalez

Beginning Sales Date*
04/04/2023

Ending Sales Date*
05/05/2023

Description of Activity/Product(s)*
8oz Ooampo-Big Kahuna cookies. Variety of cookies, box of 30 cookies.

Benefit and Purpose*
Fundraiser for subscriptions, uniforms, club shirts and CTSD end of year banquet

Location*
Sharyland High School

Vendor Name*
8oz Ooampo-Big Kahuna

Estimated Revenues*
\$ 0.00

Cost Per Item (if applicable)
\$ 2.00

Estimated Expenses*
\$ 1,200.00

Sales Price Per Item (if applicable)
\$ 2.00

Estimated Profit
\$ -1,200.00

Commission % (if applicable)
0.00

SHARYLAND INDEPENDENT SCHOOL DISTRICT

Responsibilities of Activity Fund Sponsors

The purpose for the collecting or raising and expending of funds by student groups is for the direct benefit of the students. Funds are to be used to finance activities that supplement the District's educational program. Fundraising activities will contribute to the educational experience of students and will not conflict with the instructional program. Money raised by student groups and organizations is held by the school as trustee. The faculty sponsor of a student group is responsible for maintaining adequate financial records as evidence of proper custodianship of money received by and disbursed from organization accounts.

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1. Develop fundraising activities and had them approved in advance by the principal using the designated form.

Laserfiche Fundraiser/Sales Application (Approval Signatures)

2. I am responsible for both safeguarding and accounting for funds received from and/or on behalf of students.

3. I will safeguard activities funds until they are deposited with the school principal or designee.

4. At the completion of all fundraisers the Sales Summary Report will be completed and submitted to the principal for approval.

5. All purchases made on behalf of the student organization will be made by check and approved in advance by the principal and finance administration using the Student Registration System.

6. All food and beverage fund raises:

a. Must meet the USDA nutritional guidelines

b. Can be sold 30 minutes after the end of the school day (last bell) until midnight

c. Is an exempt day but cannot be held in the serving area during the meal service

7. I will maintain a positive balance in my organization's account at all times.

I understand that I will be held responsible for any student activity funds entrusted to me and that I will reimburse the student organization for any money or property purchased with student activity money which is lost due to my own negligence, theft, or fraud.

I am familiar with the school and district policies regarding the sale of merchandise at school and in the community. I accept responsibility for the Sales Tax collection of any and cash conditions required. I agree to submit the Financial Report to the Business Office within 2 weeks after completion of this fundraiser.

Sponsor Signature: _____ Date: 04/11/2023

Principal / Athletic Coordinator Signature: _____ Date: 04/11/2023

Final Approver Signature: _____ Date: 04/11/2023

Comments: _____

REQUIRED

▪ Sponsor Receipts to Payee (Voided should NOT be included)
(Yellow Copies)

Receipt Tally Template

Sponsor Issued Receipts to Payee
(KEEP RECEIPT BOOK IN SAFE PLACE WHEN FINISHED)

Receipt Sample

RECEIPT DATE: _____ No. **123452**

RECEIVED FROM: _____ Name of Payee _____ \$ DEPOSIT AMOUNT _____ NUMBERIC FORMAT _____

Deposit Amount _____ Extended Format _____ DOLLARS

Reason for Payment _____

ACCOUNT: FOR RENT FOR _____

Amount owed _____ Amount paid _____ Balance due _____

CASH CHECK MONEY ORDER CREDIT CARD

FROM _____ TO _____ BY _____ Sponsor Signature _____

Payment Type _____

Receipt Sample

RECEIPT DATE: _____ No. **123453**

RECEIVED FROM: _____ Name of Payee _____ \$ DEPOSIT AMOUNT _____ NUMBERIC FORMAT _____

Deposit Amount _____ Extended Format _____ DOLLARS

Reason for Payment _____

ACCOUNT: FOR RENT FOR _____

Amount owed _____ Amount paid _____ Balance due _____

CASH CHECK MONEY ORDER CREDIT CARD

FROM _____ TO _____ BY _____ Sponsor Signature _____

Payment Type _____

VOID NOTE: When voiding a receipt, Make sure to keep all of the 3 copies together original, yellow, pink

RECEIPT DATE: _____ No. **123454**

RECEIVED FROM: _____ Name of Payee _____ \$ DEPOSIT AMOUNT _____ NUMBERIC FORMAT _____

Deposit Amount _____ Extended Format _____ DOLLARS

Reason for Payment _____

ACCOUNT: FOR RENT FOR _____

Amount owed _____ Amount paid _____ Balance due _____

CASH CHECK MONEY ORDER CREDIT CARD

FROM _____ TO _____ BY _____ Sponsor Signature _____

Payment Type _____

Receipt Sample

RECEIPT DATE: _____ No. **123455**

RECEIVED FROM: _____ Name of Payee _____ \$ DEPOSIT AMOUNT _____ NUMBERIC FORMAT _____

Deposit Amount _____ Extended Format _____ DOLLARS

Reason for Payment _____

ACCOUNT: FOR RENT FOR _____

Amount owed _____ Amount paid _____ Balance due _____

CASH CHECK MONEY ORDER CREDIT CARD

FROM _____ TO _____ BY _____ Sponsor Signature _____

Payment Type _____

Total Receipts
Total Deposit
Difference

TOTAL RECEIPTS	RECEIPT #	AMOUNT PER RECEIPT
\$ -	1	
	2	
\$ -	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	25	
	26	

SINGLE RECEIPT BOOK | MULTIPLE RECEIPT BOOKS (+)

Daily Collection Reprt (for payments of \$5 or less)

Bracelet & PreSalesInventory Sales Template

 SHARYLAND ISD
DAILY COLLECTIONS REPORT

PAYMENTS FROM STUDENTS FOR FEES, FIELD TRIPS, FUNDRAISERS ETC. LESS THAN \$5.00 PER PAYMENT.
CAMPUS: _____ CLUB/TEACHER: _____

FUNDRAISER/PURPOSE: _____

DATE RECEIVED	STUDENT NAME	COLLECTED	COMMENTS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
		TOTAL \$	-

SPONSOR/TEACHER SIGNATURE: _____
DATE SUBMITTED TO CAMPUS SECRETARY/BOOKKEEPER: _____

PreSalesInventory

PAGE 1 INVENTORY ITEM SALES TOTAL \$ - FUNDRAISER DATE (START) _____
ENTER CASH TOTAL COLLECTED _____ FUNDRAISER DATE (END) _____
DIFFERENCE \$ - EXPLAIN IF NOT IN BALANCE: _____
BALANCE _____

ITEM NAME		\$ -	ITEM NAME		\$ -
ITEM SIZE/OZ/COLOR/ETC			ITEM SIZE/OZ/COLOR/ETC		
ITEM SELLING PRICE			ITEM SELLING PRICE		
ENTER QUANTITY OF STARTING INVENTORY (START OF FUNDRAISER)			ENTER QUANTITY OF STARTING INVENTORY (START OF FUNDRAISER)		
ENTER QUANTITY OF REMAINING INVENTORY (END OF FUNDRAISER)			ENTER QUANTITY OF REMAINING INVENTORY (END OF FUNDRAISER)		
TOTAL ITEM SOLD	0		TOTAL ITEM SOLD	0	
TOTAL SALES	\$ -		TOTAL SALES	\$ -	

(RETURN)

NONFUNDRAISER

- Cash (NO PERSONAL CHECKS ACCEPTED)
Signed Sponsor Deposit Checklist
Sponsor Deposit Tabulation Sheet
Copy of Approved Fundraiser/Sales Application
Original receipts to payee or Daily Cash Report
Receipt Tally Template (When Receipts are used for payments over \$5.00)

Sponsor Deposit Checklist

SPONSOR DEPOSIT CHECKLIST TO BOOKKEEPER/SECRETARY. Organization: Account No. REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL). Deposit Tabulation Distribution Sheet (FOR EVERY DEPOSIT). LOCATE THE TYPE OF DEPOSIT YOU ARE MAKING AND SELECT DEPOSIT TYPE (THIS IS NOT OPTIONAL).

FIND NON-FUNDRAISER HERE

Sponsor Tabulation Sheet

SHARYLAND INDEPENDENT SCHOOL DISTRICT SPONSOR TABULATION OF MONIES FOR DEPOSIT. DATE: ORGANIZATION: ACCOUNT NUMBER: CURRENCY / COINS table with columns QUANTITY, DENOMINATION OF CURRENCY, TOTAL. BUSINESS CHECKS/MONEY ORDER/CASHIER CHECK NO PERSONAL CHECKS ALLOWED table with columns NAME OF BUSINESS, CHECK NUMBER, CHECK AMOUNT.

Laserfiche Fundraiser/Sales Application

Application for Activity Fundraiser / Sales. SUBMIT APPLICATION FOR APPROVAL TWO WEEKS BEFORE SALES START DATE. Fundraiser Type: FOOD. Event Number: Is this event JHS/HS Athletics-related? Organization: Vendor Name: Estimated Revenues: Estimated Expenses: Estimated Profit.

Laserfiche Fundraiser/Sales Application (Approval Signatures)

2. I am responsible for both safeguarding and accounting for funds received from and/or on behalf of students. 3. I will safeguard activities funds until they are deposited with the school principal or designee. 4. At the completion of all fundraisers the Sales Summary Report will be completed and submitted to the principal for approval. Sponsor Signature: Date: Principal / Athletic Coordinator Signature: Date: Final Approver Signature: Date: REQUIRED

▪ Sponsor Receipts to Payee (Voided should NOT be included) Receipt Tally Template
(Yellow Copies)

Sponsor Issued Receipts to Payee
(KEEP RECEIPT BOOK IN SAFE PLACE WHEN FINISHED)

Receipt Sample

RECEIPT DATE: _____ No. **123452**

RECEIVED FROM: _____ Name of Payee _____ \$ DEPOSIT AMOUNT _____ NUMBERIC FORMAT _____

Deposit Amount _____ Extended Format _____ DOLLARS

Reason for Payment _____

ACCOUNT: FOR RENT FOR _____

Amount owed _____ Amount paid _____ Balance due _____

CASH CHECK MONEY ORDER CREDIT CARD

FROM _____ TO _____ BY _____ Sponsor Signature _____

Payment Type

Receipt Sample

RECEIPT DATE: _____ No. **123453**

RECEIVED FROM: _____ Name of Payee _____ \$ DEPOSIT AMOUNT _____ NUMBERIC FORMAT _____

Deposit Amount _____ Extended Format _____ DOLLARS

Reason for Payment _____

ACCOUNT: FOR RENT FOR _____

Amount owed _____ Amount paid _____ Balance due _____

CASH CHECK MONEY ORDER CREDIT CARD

FROM _____ TO _____ BY _____ Sponsor Signature _____

Payment Type

VOID NOTE: When voiding a receipt, Make sure to keep all of the 3 copies together original, yellow, pink

RECEIPT DATE: _____ No. **123454**

RECEIVED FROM: _____ Name of Payee _____ \$ DEPOSIT AMOUNT _____ NUMBERIC FORMAT _____

Deposit Amount _____ Extended Format _____ DOLLARS

Reason for Payment _____

ACCOUNT: FOR RENT FOR _____

Amount owed _____ Amount paid _____ Balance due _____

CASH CHECK MONEY ORDER CREDIT CARD

FROM _____ TO _____ BY _____ Sponsor Signature _____

Payment Type

Receipt Sample

RECEIPT DATE: _____ No. **123455**

RECEIVED FROM: _____ Name of Payee _____ \$ DEPOSIT AMOUNT _____ NUMBERIC FORMAT _____

Deposit Amount _____ Extended Format _____ DOLLARS

Reason for Payment _____

ACCOUNT: FOR RENT FOR _____

Amount owed _____ Amount paid _____ Balance due _____

CASH CHECK MONEY ORDER CREDIT CARD

FROM _____ TO _____ BY _____ Sponsor Signature _____

Payment Type

Total Receipts
Total Deposit
Difference

TOTAL RECEIPTS	RECEIPT #	AMOUNT PER RECEIPT
\$ -	1	
	2	
\$ -	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	25	
	26	

SINGLE RECEIPT BOOK | MULTIPLE RECEIPT BOOKS (+)

Daily Collection Reprot (for payments of \$5 or less)

 SHARYLAND ISD
DAILY COLLECTIONS REPORT

PAYMENTS FROM STUDENTS FOR FEES, FIELD TRIPS, FUNDRAISERS ETC. LESS THAN \$5.00 PER PAYMENT.

CAMPUS: _____ CLUB/TEACHER: _____

FUNDRAISER/PURPOSE: _____

	DATE RECEIVED	STUDENT NAME	COLLECTED	COMMENTS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
	TOTAL \$		-	

SPONSOR/TEACHER SIGNATURE: _____

DATE SUBMITTED TO CAMPUS SECRETARY/BOOKKEEPER: _____

(RETURN)

FUNDRAISER/SALES PAID WITH BUSINESS CHECKS

- Cash/Checks/MO (NO PERSONAL CHECKS ACCEPTED)
Signed Sponsor Deposit Checklist
Sponsor Deposit Tabulation Sheet
Copy of Approved Fundraiser/Sales Application
Original receipts to payee or Daily Cash Report
Receipt Tally Template (When Receipts are used for payments over \$5.00)
Check Copies

Sponsor Deposit Checklist

SPONSOR DEPOSIT CHECKLIST TO BOOKKEEPER/SECRETARY. Organization: Account No. REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL). LOCATE THE TYPE OF DEPOSIT YOU ARE MAKING AND SELECT DEPOSIT TYPE REQUIRED DOCUMENTATION PER DEPOSIT TYPE (THIS IS NOT OPTIONAL).

FIND SALES PAID WITH BUSINESS CHECK HERE

Sponsor Tabulation Sheet

SHARYLAND INDEPENDENT SCHOOL DISTRICT SPONSOR TABULATION OF MONIES FOR DEPOSIT. DATE: ORGANIZATION: ACCOUNT NUMBER: CURRENCY / COINS table. BUSINESS CHECKS/MONEY ORDER/CASHIER CHECK table. RECEIPTS COLLECTED FOR WHAT PURPOSE: I HEREBY ACKNOWLEDGE DELIVERY OF FUNDS INTACT: I HEREBY ACKNOWLEDGE RECEIPT OF FUNDS INTACT.

Laserfiche Fundraiser/Sales Application

Application for Activity Fundraiser / Sales. Fundraiser Type: Event Number: Are you using My School Bucks?: Campus: Activity Acct No: Sponsor: Beginning Sales Date: Description of Activity/Product(s): Benefit and Purpose: Location: Estimated Revenues: Estimated Expenses: Estimated Profit: Responsibilities of Activity Fund Sponsors.

Laserfiche Fundraiser/Sales Application (Approval Signatures)

2. I am responsible for both safeguarding and accounting for funds received from and/or on behalf of students. 3. I will safeguard activities funds until they are deposited with the school principal or designee. 4. At the completion of all fundraisers the Sales Summary Report will be completed and submitted to the principal for approval. 5. All purchases made on behalf of the student organization will be made by check and approved in advance by the principal and finance administration using the Skyward Request System. 6. All food and beverage fund raiser: a. Must meet the USDA nutritional guidelines. b. Can be sold 30 minutes after the end of the school day (past bell) until midnight. c. Is an exempt day but cannot be near the serving area during the meal service. 7. I will maintain a positive balance in my organization's account at all times. I understand that I will be held responsible for any student activity funds entrusted to me and that I will reimburse the student organization for any money or property purchased with student activity money which is lost due to my own negligence, theft, or fraud. Sponsor Signature: Date: Principal / Athletic Coordinator Signature: Date: Final Approver Signature: Date: Comments: REQUIRED

▪ Sponsor Receipts to Payee (Voided should NOT be included) Receipt Tally Template (Yellow Copies)

Sponsor Issued Receipts to Payee
(KEEP RECEIPT BOOK IN SAFE PLACE WHEN FINISHED)

Receipt Sample

RECEIPT DATE: _____ Date of Payee Payment No. **123452**

RECEIVED FROM _____ Name of Payee \$ DEPOSIT AMOUNT _____ NUMBERIC FORMAT

Deposit Amount Extended Format _____ DOLLARS

FOR RENT FOR _____ Reason for Payment

ACCOUNT CASH FROM _____ TO _____
 PAYMENT CHECK BY _____ Sponsor Signature
 BAL. DUE MONEY ORDER
 CREDIT CARD

Amount owed
Amount paid
Balance due

Payment Type

Receipt Sample

RECEIPT DATE: _____ Date of Payee Payment No. **123453**

RECEIVED FROM _____ Name of Payee \$ DEPOSIT AMOUNT _____ NUMBERIC FORMAT

Deposit Amount Extended Format _____ DOLLARS

FOR RENT FOR _____ Reason for Payment

ACCOUNT CASH FROM _____ TO _____
 PAYMENT CHECK BY _____ Sponsor Signature
 BAL. DUE MONEY ORDER
 CREDIT CARD

Amount owed
Amount paid
Balance due

Payment Type

VOID NOTE: When voiding a receipt, Make sure to keep all of the 3 copies together original, yellow, pink

Receipt Sample

RECEIPT DATE: _____ Date of Payee Payment No. **123454**

RECEIVED FROM _____ Name of Payee \$ DEPOSIT AMOUNT _____ NUMBERIC FORMAT

Deposit Amount Extended Format _____ DOLLARS

FOR RENT FOR _____ Reason for Payment

ACCOUNT CASH FROM _____ TO _____
 PAYMENT CHECK BY _____ Sponsor Signature
 BAL. DUE MONEY ORDER
 CREDIT CARD

Amount owed
Amount paid
Balance due

Payment Type

Total Receipts
Total Deposit
Difference

TOTAL RECEIPTS	RECEIPT #	AMOUNT PER RECEIPT
\$ -	1	
	2	
\$ -	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
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	19	
	20	
	21	
	22	
	23	
	24	
	25	
	26	

SINGLE RECEIPT BOOK | MULTIPLE RECEIPT BOOKS (+)

Daily Collection Reprt (for payments of \$5 or less)


SHARYLAND ISD
DAILY COLLECTIONS REPORT

PAYMENTS FROM STUDENTS FOR FEES, FIELD TRIPS, FUNDRAISERS ETC. LESS THAN \$5.00 PER PAYMENT.
CAMPUS: _____ CLUB/TEACHER: _____

FUNDRAISER/PURPOSE: _____

DATE RECEIVED	STUDENT NAME	COLLECTED	COMMENTS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
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20			
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30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			

TOTAL \$ _____

SPONSOR/TEACHER SIGNATURE: _____
DATE SUBMITTED TO CAMPUS SECRETARY/BOOKKEEPER: _____

Checks (Original & Copy)

THE CHEQUE PAPER CONTAINS COLORED MICROPRINTING AND WATERMARK. PROTECTED BY THE LAW OF THE UNITED STATES.

John Smith
765 Dolor sit Amet APT B5
Brooklyn, NY, 12345

CHECK N° 0007
DATE: Aug. 11, 2019

PAY TO THE ORDER OF: Mary Johnson \$ 715,39
Seven hundred fifteen and 39/100 DOLLARS

PAYABLE AT
ALL LOREM BANK BRANCHES IN USA
ACCOUNT N° 001234567

MEMO Monthly rent

J. Smith
AUTHORIZED SIGNATURE

|| 456789012 || | 654321098 | 89098765432109 ||

(RETURN)

FOOD SALES

- Cash (NO PERSONAL CHECKS ACCEPTED)
- Signed Sponsor Deposit Checklist
- Sponsor Deposit Tabulation Sheet
- Copy of Approved Fundraiser/Sales Application

Sponsor Deposit Checklist

SPONSOR DEPOSIT CHECKLIST
TO BOOKKEEPER/SECRETARY

Organization: _____ Account No. _____

REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL)

Deposit Tabulation Distribution Sheet (FOR EVERY DEPOSIT)

LOCATE THE TYPE OF DEPOSIT YOU ARE MAKING AND SELECT DEPOSIT TYPE
REQUIRED DOCUMENTATION PER DEPOSIT TYPE (THIS IS NOT OPTIONAL)

FOR EVENTS WHERE TICKETS/BRACELETS WILL BE SOLD
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
SELECT ONE

FESTIVALS
 CLINICS
 TALENT SHOWS
 GATE ENTRY FEES
 DANCE/PROM
 OTHER _____

Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Completed Ticket/Bracelet Sales Template
 Ticket Stubs (if Tickets used)

BOOKFAIR

Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Daily Cash Register Report

UNUSED TRAVEL MONEY

Currency/Coins
 Copy of Approved Purchase Order
 Original Receipts
 Copy of Original Receipts
 Completed Original Student Meal Advance Template
 Copy of the Student Meal Advance Template

FOR FOOD SALES
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
SELECT ONE

CONCESSIONS
 EXEMPT DAYS
 OTHER _____

Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Completed Concessions Sales Template
 CHANGE BOX FUNDS RETURN (1109)

DONATIONS
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
 Currency/Coins
 Original Receipts (For collections over \$5 each payment)
 Yellow Carbonless Copy
 Completed Receipt Tally Template
 Business Checks (When applicable)
 Check Copies
 Signed Donation Form
 Copy of Signed Donation Form

OPTIONAL DOCUMENTATION
 Letter, etc (Additional Back up if applicable)

WHEN BUSINESS PAY WITH CASH AND CHECKS
NO PERSONAL CHECKS (NO EXCEPTIONS)
SELECT ONE

COMMISSION CHECKS
 ATHLETIC/JUL/CHESS TOURNAMENTS
 RENTALS
 OTHER _____

Currency/Coins
 Approved Fundraiser/Sales Application (Laserfiche)
 Original Receipts (For collections over \$5 each payment)
 Yellow Carbonless Copy
 Completed Receipt Tally Template
 Business Checks (When applicable)
 Check Copies

Sponsor Signature Verification: _____ Date _____
Bookkeeper/Secretary Verification: _____ Date _____



Sponsor Tabulation Sheet

SHARYLAND INDEPENDENT SCHOOL DISTRICT
SPONSOR TABULATION OF MONIES FOR DEPOSIT

DATE: _____

ORGANIZATION: _____

ACCOUNT NUMBER: _____

CURRENCY / COINS			BUSINESS CHECKS/MONEY ORDER/CASHIER CHECK NO PERSONAL CHECKS ALLOWED		
QUANTITY X	DENOMINATION OF CURRENCY	= TOTAL	NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
	\$100				
	\$50				
	\$20				
	\$10				
	\$5				
	\$2				
	\$1				
	\$1.00				
	\$0.50				
	\$0.25				
	\$0.10				
	\$0.05				
	\$0.01				
TOTAL CURRENCY :			ADDITIONAL CHECKS MAY BE ADDED ON THE CHECK TAB		
TOTAL COINS :			TOTAL CHECKS (ATTACH COPIES):		
TOTAL CURRENCY & COINS			TOTAL CURRENCY + COINS + CHECKS =		

RECEIPTS COLLECTED FOR WHAT PURPOSE:

I HEREBY ACKNOWLEDGE DELIVERY OF FUNDS INTACT: _____ I HEREBY ACKNOWLEDGE RECEIPT OF FUNDS INTACT _____

SIGNATURE OF SPONSOR/COLLECTOR _____ SIGNATURE OF BOOKKEEPER/SECRETARY _____

Laserfiche Fundraiser/Sales Application

Application for Activity Fundraiser / Sales

SHARYLAND INDEPENDENT SCHOOL DISTRICT
Business is our Tradition

SUBMIT APPLICATION FOR APPROVAL TWO WEEKS BEFORE SALES START DATE

Fundraiser Type*
FOOD

Event Number*
 Fundraiser #1 Fundraiser #2 Non-Fundraiser

Is this event JHS/SIS Athletics related? *
 Yes No

Are you using My School Bucks? *
 Yes No

Campus*
Sharyland HS

Organization*
TXRPSTA- CTSD Law Enforcement

Req #

Sponsor*
Nydia K Gonzalez

Club President*
Victoria Letebarger

Beginning Sales Date*
04/04/2023

Ending Sales Date*
05/05/2023

Description of Activity/Product(s)*
Biz Ocampo-Biz Kahuna cookies, Variety of cookies, box of 30 cookies.

Benefit and Purpose*
Fundraiser for scholarships, uniforms, club shirts and CTSD end of year banquet.

Location*
Sharyland High School

Vendor Name
Biz Ocampo-Biz Kahuna

Estimated Revenues*
\$ 0.00

Cost Per Item (if applicable)
\$ 2.00

Estimated Expenses*
\$ 1,200.00

Sales Price Per Item (if applicable)
\$ 2.00

Estimated Profit
\$ -1,200.00

Commission % (if applicable)
0.00

SHARYLAND INDEPENDENT SCHOOL DISTRICT

Responsibilities of Activity Fund Sponsors

The purpose for the collecting or raising and expending of funds by student groups is for the direct benefit of the students. Funds are to be used to finance activities that supplement the District's educational program. Fundraising activities will contribute to the educational experience of students and will not conflict with the instructional program. Money raised by student groups and organizations is held by the school as trustee. The faculty sponsor of a student group is responsible for maintaining adequate financial records as evidence of proper outdoarsmanship of money received by and disbursed from organization accounts.

I hereby acknowledge that I have read the Sharyland Independent School District Activity Fund Accounting Handbook and that I am responsible for complying with it. In particular, I acknowledge that:

1. Develop fundraising activities and had them approved in advance by the principal using the designated form.

Laserfiche Fundraiser/Sales Application (Approval Signatures)

2. I am responsible for both safeguarding and accounting for funds received from and/or on behalf of students.

3. I will safeguard activities funds until they are deposited with the school principal or designee.

4. At the completion of all fundraisers the Sales Summary Report will be completed and submitted to the principal for approval.

5. All purchases made on behalf of the student organization will be made by check and approved in advance by the principal and finance administration using the Keyward Requestion System.

6. All food and beverage fund raise:

a. Must meet the USDA nutritional guidelines
b. Can be sold 30 minutes after the end of the school day (last bell) until midnight
c. Is an exempt day but cannot be near the serving area during the meal service

7. I will maintain a positive balance in my organization's account at all times.

I understand that I will be held responsible for any student activity funds entrusted to me and that I will reimburse the student organization for any money or property purchased with student activity money which is lost due to my own negligence, theft, or fraud.

I am familiar with the school and district policies regarding the sale of merchandise at school and in the community. I accept responsibility for the Sales Tax collection (if any) and cash collections received. I agree to submit the Financial Report to the Business Office within 2 weeks after completion of the fundraiser.

Sponsor Signature: _____ Date: 04/11/2023

Principal / Athletic Coordinator Signature: _____ Date: 04/11/2023

Final Approver Signature: _____ Date: 04/11/2023

Comments: _____



DONATIONS

- Cash/ Business Checks (NO PERSONAL CHECKS ACCEPTED)
Signed Sponsor Deposit Checklist
Sponsor Deposit Tabulation Sheet
Copy of Approved Fundraiser/Sales Application
Original receipts to payee or Daily Cash Report
Receipt Tally Template (When Receipts are used for payments over \$5.00)
Check Copies
Signed Donation Form
Copy of Signed Donation Form

Sponsor Deposit Checklist

SPONSOR DEPOSIT CHECKLIST TO BOOKKEEPER/SECRETARY. Organization: Account No. REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL). Deposit Tabulation Distribution Sheet (FOR EVERY DEPOSIT). LOCATE THE TYPE OF DEPOSIT YOU ARE MAKING AND SELECT DEPOSIT TYPE REQUIRED DOCUMENTATION PER DEPOSIT TYPE (THIS IS NOT OPTIONAL).

FIND DONATIONS HERE

Sponsor Tabulation Sheet

SHARYLAND INDEPENDENT SCHOOL DISTRICT SPONSOR TABULATION OF MONIES FOR DEPOSIT. DATE: ORGANIZATION: ACCOUNT NUMBER: CURRENCY / COINS table with columns QUANTITY X, DENOMINATION OF CURRENCY, = TOTAL. BUSINESS CHECKS/MONEY ORDER/CASHIER CHECK NO PERSONAL CHECKS ALLOWED table with columns NAME OF BUSINESS, CHECK NUMBER, CHECK AMOUNT.

Laserfiche Fundraiser/Sales Application

Application for Activity Fundraiser / Sales. Fundraiser Type: FOOD. Event Number: Fundraiser #1. Are you using My School Bucks? Yes. Campus: Sharyland HS. Activity Act No: 863.L.00.2191.97.001.0.00.000. Sponsor: Nydia K. Gomez. Beginning Sales Date: 04/01/2023. Description of Activity/Product(s): Biz Ocampo-Big Kahuna cookies. Benefit and Purpose: Fundraiser for subscriptions, uniforms, club shirts and CTSD end of year banquet. Location: Sharyland High School. Estimated Revenues: \$ 0.00. Estimated Expenses: \$ 1,200.00. Estimated Profit: \$ -1,200.00.

Laserfiche Fundraiser/Sales Application (Approval Signatures)

2. I am responsible for both safeguarding and accounting for funds received from and/or on behalf of students. 3. I will safeguard activities funds until they are deposited with the school principal/principal designee. 4. At the completion of all fundraisers the Sales Summary Report will be completed and submitted to the principal for approval. 5. All purchases made on behalf of the student organization will be made by check and approved in advance by the principal and finance administration using the Beyond Request System. 6. All food and beverage fund raises: a. Must meet the USDA nutritional guidelines. b. Can be sold 30 minutes after the end of the school day (not later) until midnight. c. Is an exempt day but cannot be near the serving area during the meal service. 7. I will maintain a positive balance in my organization's account at all times. I understand that I will be held responsible for any student activity funds entrusted to me and that I will reimburse the student organization for any money or property purchased with student activity money which is lost due to my own negligence, theft, or fraud. I am familiar with the school and district policies regarding the sale of merchandise at school and in the community. I accept responsibility for the Sales Tax collection if any and cash conditions involved. I agree to submit the Financial Report to the Business Office within 2 weeks after completion of this fundraiser. Sponsor Signature: Nydia K. Gomez, Date: 04/11/2023. Principal / Athletic Coordinator Signature: Bob Ann Garcia, Date: 04/11/2023. Final Approver Signature: Debbie Annado, Date: 04/01/2023. Comments: REQUIRED

▪ Sponsor Receipts to Payee (Voided should NOT be included) Receipt Tally Template
 (Yellow Copies)

Sponsor Issued Receipts to Payee
 (KEEP RECEIPT BOOK IN SAFE PLACE WHEN FINISHED)

Receipt Sample

RECEIPT DATE: _____ Date of Payee Payment No. **123452**

RECEIVED FROM _____ Name of Payee \$ DEPOSIT AMOUNT
 _____ NUMBERIC FORMAT

Deposit Amount Extended Format _____ DOLLARS

Reason for Payment

ACCOUNT: Amount owed CASH FROM _____ TO _____
 PAYMENT: Amount paid CHECK BY _____ Sponsor Signature
 BAL. DUE: Balance due MONEY ORDER
 CREDIT CARD

Payment Type

Receipt Sample

RECEIPT DATE: _____ Date of Payee Payment No. **123453**

RECEIVED FROM _____ Name of Payee \$ DEPOSIT AMOUNT
 _____ NUMBERIC FORMAT

Deposit Amount Extended Format _____ DOLLARS

Reason for Payment

ACCOUNT: Amount owed CASH FROM _____ TO _____
 PAYMENT: Amount paid CHECK BY _____ Sponsor Signature
 BAL. DUE: Balance due MONEY ORDER
 CREDIT CARD

Payment Type

VOID

NOTE:
 When voiding a receipt, Make sure
 to keep all of the 3 copies together
 original, yellow, pink

Receipt Sample

RECEIPT DATE: _____ Date of Payee Payment No. **123455**

RECEIVED FROM _____ Name of Payee \$ DEPOSIT AMOUNT
 _____ NUMBERIC FORMAT

Deposit Amount Extended Format _____ DOLLARS

Reason for Payment

ACCOUNT: Amount owed CASH FROM _____ TO _____
 PAYMENT: Amount paid CHECK BY _____ Sponsor Signature
 BAL. DUE: Balance due MONEY ORDER
 CREDIT CARD

Payment Type

Total Receipts
 Total Deposit
 Difference

TOTAL RECEIPTS	RECEIPT #	AMOUNT PER RECEIPT
\$ -	1	
	2	
\$ -	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
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	23	
	24	
	25	
	26	

SINGLE RECEIPT BOOK | MULTIPLE RECEIPT BOOKS (+)

Daily Collection Reprt (for payments of \$5 or less)


 SHARYLAND ISD
 DAILY COLLECTIONS REPORT

PAYMENTS FROM STUDENTS FOR FEES, FIELD TRIPS, FUNDRAISERS ETC. LESS THAN \$5.00 PER PAYMENT.
 CAMPUS: _____ CLUB/TEACHER: _____

FUNDRAISER/PURPOSE: _____

DATE RECEIVED	STUDENT NAME	COLLECTED	COMMENTS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
TOTAL		\$ -	

SPONSOR/TEACHER SIGNATURE: _____
 DATE SUBMITTED TO CAMPUS SECRETARY/BOOKKEEPER: _____

Checks (Original & Copy)

THE CHEQUE PAPER CONTAINS COLORED MICROPRINTING AND WATERMARK. PROTECTED BY THE LAW OF THE UNITED STATES.

John Smith
 765 Dolor sit Amet APT B5
 Brooklyn, NY, 12345

CHECK N° 0007
 DATE: Aug. 11, 2019

PAY TO THE ORDER OF: Mary Johnson \$ 715.39
Seven hundred fifteen and 39/100 DOLLARS

PAYABLE AT
 ALL LOREM BANK BRANCHES IN USA
 ACCOUNT N° 001234567

MEMO Monthly rent

J. Smith
 AUTHORIZED SIGNATURE

|| 456789012 || | 654321098 | 89098765432109 ||

Donation Form (Original & Copy)



SHARYLAND ISD DONATION ACCEPTANCE FORM

School Year: _____

Campus/Dept: _____

A potential donor wishing to donate to the District money, materials, services, or equipment shall seek prior approval of the proposed gift by submitting this form for consideration by the District.
 Any donation that is given to a school or program of the District shall become the property of the District.
 Any donation given without a specific use or designation may be allocated, at the discretion of the Superintendent or designee, for use by any school or program.

SECTION I To Be Completed by Donor

Solicited Unsolicited Will the donation require on-going Maintenance Costs?

Donor Individual: _____ Donor Organization: _____

Donor Email Address: _____ Phone Number: _____

Donor Address, City, State, Zip: _____

Organization Receiving Donation: _____ Sponsor/Teacher: _____

Value of Donation: \$ _____ Cash Check In-Kind

For donations of cash, please give a description of the purpose of the requested use of the donated money. (Event, scholarships, description of equipment, etc.)

For donations of supplies/equipment, please give a description of the items donated. (Model number, serial number, brand, etc.)

Conditional Donation Unconditional Donation

Donor Conditional Imposed Restrictions, if any:

*A conditional donation is one in which the donor has placed restrictions on the use of the donation.

Name of Donor/Representative _____ Signature: _____ Date: _____

SECTION II To Be Completed Only if Department Clearance is Required

Any donation that relates to the Department of Maintenance & Operations, Technology, and/or Other, requires approval from the corresponding department prior to acceptance

Department Name	APPROVED	DENIED	Dept. Director Signature	Date
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Rationale: _____

SECTION III To Be Completed by District Official Prior to Accepting Donation

Final Approval (Required)

	APPROVED	DENIED
Signature of SISD Administrator/Campus Principal: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Superintendent or Designee (if applicable): _____ Date: _____ <small>* Superintendent or Designee signature is required if donation value is equal to or over \$1,000</small>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Board President/Member (if applicable): _____ Date: _____ <small>* Board President/Member signature is required if donation has a restriction, and the value is equal to or over \$5,000 or real property</small>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV To Be Completed on Date of Acceptance of Donation

Date of Receipt _____ Check/ Check # _____ Cash \$ _____
Amount Received (if cash): _____

*All donations made to Sharyland ISD are tax deductible/ Tax ID #74-6001743

* Forward approved form to Business Office

(RETURN)

(RETURN)

UNUSED TRAVEL

- Cash (NO PERSONAL CHECKS ACCEPTED)
Signed Sponsor Deposit Checklist
Sponsor Deposit Tabulation Sheet
Copy of Approved Purchase Order
Original Student Meal Advance Template
Copy of Student Meal Advance Template Check Copies
Original Receipts
Copy of Receipts

Sponsor Deposit Checklist

SPONSOR DEPOSIT CHECKLIST TO BOOKKEEPER/SECRETARY. Organization: Account No. REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL). Deposit Tabulation Distribution Sheet (FOR EVERY DEPOSIT). LOCATE THE TYPE OF DEPOSIT YOU ARE MAKING AND SELECT DEPOSIT TYPE REQUIRED DOCUMENTATION PER DEPOSIT TYPE (THIS IS NOT OPTIONAL).

FIND UNUSED TRAVEL FUNDS HERE

Sponsor Tabulation Sheet

SHARYLAND INDEPENDENT SCHOOL DISTRICT SPONSOR TABULATION OF MONIES FOR DEPOSIT. DATE: ORGANIZATION: ACCOUNT NUMBER: CURRENCY / COINS table with columns: QUANTITY X DENOMINATION OF CURRENCY = TOTAL. BUSINESS CHECKS/MONEY ORDER/CASHIER CHECK NO PERSONAL CHECKS ALLOWED table with columns: NAME OF BUSINESS, CHECK NUMBER, CHECK AMOUNT.

Purchase Order (Original & Copy)

PO DATE: 04/09/2023. Invoice to: SHARYLAND ISD Accounts Payable 1200 N Shary Rd Mission, TX 78572-4652 (956) 580-5200. SHIP TO: SHARYLAND I.S.D. 1243 E BUSINESS 83 BLDG C MISSION, TX 78572-4652. ATTN: ROBERTO BARBOSA. Contract Nbr: TRAVEL TRAVEL. TABLE with columns: QUANTITY, UNIT, DESCRIPTION OF ITEMS OR MATERIALS, UNIT PRICE, AMOUNT. Includes account summary and purchase order details.

Check Reconciliation (Student Meal Allowance Template)

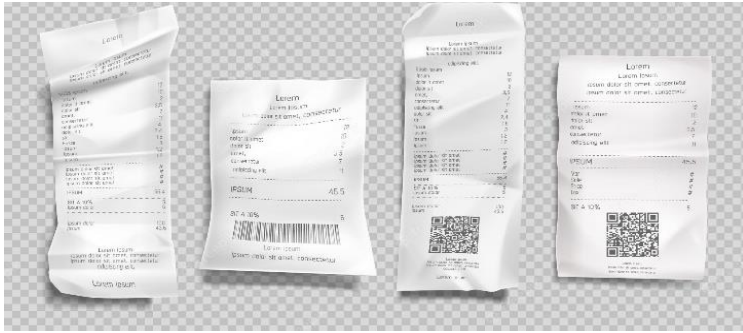
SHARYLAND INDEPENDENT SCHOOL DISTRICT Student Meal Advances. Table with columns: Date, Check #, Payee, Reason, Check Amount. Includes variance explanation section and signature lines for Sponsor/Collector and Bookkeeper/Secretary.

Federal, State, and Local Taxes are not applicable to public school purchases Terms and Conditions - www.sharylandisd.org under Purchasing Dept. Fed id # 74-6001743

PURCHASE APPROVED BY:

Signature of Director of Finance

Receipts (Original & Copy)



(RETURN)

CHANGE BOX FUNDS

- Cash (NO PERSONAL CHECKS ACCEPTED)
Signed Sponsor Deposit Checklist
Sponsor Deposit Tabulation Sheet
Copy of Approved Fundraiser/Sales Application
Copy of Approved Purchase Order

Sponsor Deposit Checklist

SPONSOR DEPOSIT CHECKLIST TO BOOKKEEPER/SECRETARY. Organization: Account No. REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL). LOCATE THE TYPE OF DEPOSIT YOU ARE MAKING AND SELECT DEPOSIT TYPE REQUIRED DOCUMENTATION PER DEPOSIT TYPE (THIS IS NOT OPTIONAL).

FIND CHANGE BOX FUNDS RETURNED HERE

Sponsor Tabulation Sheet

SHARYLAND INDEPENDENT SCHOOL DISTRICT SPONSOR TABULATION OF MONIES FOR DEPOSIT. DATE: ORGANIZATION: ACCOUNT NUMBER: CURRENCY / COINS BUSINESS CHECKS/MONEY ORDER/CASHIER CHECK NO PERSONAL CHECKS ALLOWED.

Laserfiche Fundraiser/Sales Application

Application for Activity Fundraiser / Sales. Fundraiser Type: FOOD. Event Number: Fundraiser #1. Are you using My School Bucks? Campus: Sharyland HS. Activity Act No: 883.L.00.2191.97.001.0.00.000. Sponsor: Nyda K Gonzalez. Beginning Sales Date: 04/04/2023. Description of Activity/Product(s): 812 Ocampo-Big Kahuna cookies. Benefit and Purpose: Fundraiser for scholarships, uniforms, club shirts and CTSD end of year banquet. Location: Sharyland High School. Estimated Revenues: \$ 0.00. Estimated Expenses: \$ 1,200.00. Estimated Profit: \$ -1,200.00.

Laserfiche Fundraiser/Sales Application (Approval Signatures)

I am responsible for both safeguarding and accounting for funds received from and/or on behalf of students. I understand that I will be held responsible for any student activity funds entrusted to me and that I will reimburse the student organization for any money or property purchased with student activity money which is lost due to my own negligence, theft, or fraud. Sponsor Signature: Date: 04/11/2023. Principal / Athletic Coordinator Signature: Date: 04/11/2023. Final Approver Signature: Date: 04/11/2023. Comments: REQUIRED

Purchase Order (Original)

PO DATE
04/09/2023

Invoice to:
SHARYLAND ISD
Accounts Payable
1200 N Shary Rd
Mission, TX 78572-4652
(956) 580-5200



PURCHASE ORDER NUMBER
0012300660

VENDOR KEY : BARBOR08001
SHIP DATE : 04/09/2023
FISCAL YEAR : 2022-2023
ENTERED BY : BARBOR08000
ORIGINAL REQ # : 0000207524

PRINTED 04/26/2023

VENDOR:
BARBOSA JR, ROBERTO
EMPLOYEE
TRANSPORTATION DEPT.
MISSION, TX 78572

SHIP TO:
SHARYLAND I.S.D.
1243 E BUSINESS 83 BLDG C
MISSION, TX 78572-4652

ATTN: ROBERTO BARBOSA

Contract Nbr: TRAVEL TRAVEL

QUANTITY	UNIT	DESCRIPTION OF ITEMS OR MATERIALS	UNIT PRICE	AMOUNT
10	Each	SIGNED OFFICER MEETING MINUTES, & TRAVEL PAPERWORK ATTACHED BPA 2023 NATIONAL LEADERSHIP CONFERENCE IN ANAHEIM, CALIFORNIA FROM APRIL 25, 2023 TO APRIL 30, 2023 AT THE AMOUNT OF \$100.00 PER STUDENT/SPONSOR FOR 8 STUDENTS AND 2 SPONSORS. INCIDENTALS FOR TEAM MEALS, TIPS, MISCELLANEOUS EMERGENCY FUNDS, HOSPITALITY ITEMS, PARKING FEES, TAXI, SHIPPING FEES, ETC. FROM OUR BPA STUDENT ACTIVITY FUND. ACCOUNT SUMMARY (FOR INTERNAL USE) ACCOUNT NUMBER ACCOUNT AMOUNT 865 L 00 2191 13 001 0 00 000 1,000.00 PURCHASE ORDERS VALID FOR 90 DAYS. NO BACK ORDERS.	100.00000	1,000.00
PAGE TOTAL				1,000.00
TOTAL				1,000.00

Federal, State, and Local Taxes are not applicable to public school purchases
Terms and Conditions - www.sharylandisd.org under Purchasing Dept.
Fed Id # 74-6001743

PURCHASE APPROVED BY:

R. Ortega
Director of Finance

(RETURN)