# 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)

**FOOD SALES** 

TICKET/BRACELET SALES BOOKFAIR PRESALE/INVENTORY

FEES/DUES BUSINESS CHECKS & CASH

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)
- 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 From 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 Checklis	t form (RETURN)	DOCUMENTS
SPONSOR DE	POSIT CHECKLIST	DOCUMENTS
TO BOOKKE	EPER/SECRETARY	ARE NOT A
Organization:	Account No.	SUGGESTION
REQUIRED DOCUMENTATION FOR	EVERY DEPOSIT (THIS IS NOT OPTIONAL)	
Deposit Tabulation Distribution Sheet (FOR EVE	ERY DEPOSIT)	THEY ARE
LOCATE THE TYPE OF DEPOSIT YOU REQUIRED DOCUMENTATION PER	ARE MAKING AND SELECT DEPOSIT TYPE R DEPOSIT TYPE US IS NOT OPTIONAL)	REQUIRED
FOR EVENTS WHERE TICKETS/BRACELETS WILL BE SOLD	FEES/DUES	
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	ONLY CASH/NO CHECKS, NEY ORDERS/ETC.	
SELECT ONE FESTIVALS	SELECT ONE  PARKING FEES  SELECT ONE  PARKING FEES	I DDOEM)
CLINICS		NT C
TALENT SHOWS	ID FEES LOST TEX	TABULATION
GATE ENTRY FEES	CLUB DUES LOST LIBRARY B	SHEET
DANCE/PROM	LIBRARY LATE FEI	DECHIDED
OTHER	CEL YONE FEES CLUB REGISTRAT	ION I REQUIRED
Currency/Coins Approved Fundraiser/Sales Application (Laserfiche)	OTHER	FOR EACH
Completed Ticket/ Bracelet Sales Template	Currency/Coins Approved Fundraise les Application (Laserfiche	DEPOSIT
Ticket Stubs (if Tickets used)	Original Receipts (For continuous states application (assertion)	
BOOKFAIR	Yellow Carbonle oy	
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	Completed Receipt Tally Temp	633
Currency/Coins	Daily Collections Report (ONLY \$5 per payr	nent)
Approved Fundraiser/Sales Application (Laserfiche)	PRE-ORDER/ INVENTOR	
Daily Cash Register Report	ONLY CASH/NO CHECKS/NO MONEY ORDERS/N	
UNSUSED TRAVEL MONEY	SELECT ONE	
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.  Currency/Coins	DISCOUNT CARDS	FIND DEPOSIT
2 Copies of Approved Purchase Order	CHOCOLATE BARS GOURMET POPC	TYPE ON
Original Receipts	OTHER GOOKWET POPE	YELLOW
Copy of Original Receipts	Currency/Coins	
Completed Original Check Recon. **stionTemplate	Approved Fundraiser/Sales Application (Laserfiche	The second secon
(STUDENT MEAL ALL YANCE TEMPALTE)		ment)
Copy of the Check Recondilation Template  (STUDENT MEAL ALLOWANCE TEMP)	Yellow Carbonless Copy  Completed Receipt Tally Template (ONLY Inventor	n Calas)
FOR FOOD SALES	ily Collections Report (ONLY \$5 or less per payr	
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	lawentory Sales Template	
SELECT ONE	CSS CHECKS & CASH	
CONCESSIONS	NO PERSONAL CHECKS IN 1911	
EXEMPT DAYS	SELECT ONE	5111D D50111D5D
OTHER	COMMISSION CHECKS	FIND REQUIRED
Currency/Coins Approved Fundraiser/Sales Application (Laserfiche)	ATHLETIC/UIL/CHESS TOURNAMENTS	DOCUMENTS
CHANGE BOX FUNDS RETURN (1109)	RENTALS OTHER	FROM SPONSOR
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	Currency/Coins	
Currency/Coins	Approved Fundraiser/Sales	
Copy of Approved Purchase Order	Original Receipts (F arrections over \$5 each pay	ment)
Approved Fundraiser/Sales Application (Laserfiche)	Yellow Carbonless Copy	
DONATIONS  NO PERSONAL CUECUS (NO EXCEPTIONS!)	Completed Receipt Tally Template (NOT FOR Mail	ed Checks)
NO PERSONAL CHECKS (NO EXCEPTIONS!)	Business Checks (When applicable)	
Currency/Coins Original Receipts (For collections over \$5 each payment)	Check Copies	
Yellow Carbonless Copy		
Completed Receipt Tally Template		
Business Checks (When applicable)	Sponsor Signature Verification: Date	BOTH SIGN
Check Copies	Commence of the second	DOTTI SIGN
Signed Donation Form		HERE
Copy of Signed Donation Form	Bookkeeper/Secretary Verification: Date	112.12
OPTIONAL DOCUMENTION	4	
Letter, etc (Additional Back up if applicable)		

Image of the	e Sponsor Tab	ulation of Moni	ies Deposit form			(RETURN)
			OF MONIES FOR D		COME	SHOULD BE PLETELY FILLED
DATE:					WITH T	HE FOLLOWING:
ORGANIZATION:						DATE
ACCOUNT NUMBER:						GANIZATION UNT NUMBER
CL	JRRENCY / COI	NS		KS/MONEY ORDER/ SONAL CHECKS ALL		ONT NOWBER
QUANTITY X	DENOMINATION OF CURRENCY	= TOTAL	NAME OF BUSINESS	S CHECK NUMBER	CHECK A	MOUNT
	\$100					FIND
	\$50					CHECKS/MO/
	\$20					CASHIER
	\$10					CHECKS INFORMATION
	<b>\$</b> 5					
	\$2					FINE
	<b>\$1</b>					FIND CURRENCY &
	\$1.00					COINS
	\$0.50					INFORMATION
	\$0.25					HERE
	\$0.10	FIND	TOTALS			
	\$0.05	Н	IERE			
	\$0.01					
TOTAL CURRENCY:	,		ADDITONAL CHECKS M	AY BE ADDED ON TH	HE CHECK TA	AB
TOTAL COINS :			TOTAL CHECKS (ATTAC	H COPIES):		
TOTAL CURREN	CY & COINS		TOTAL CURRENCY +	COINS + CHECKS =		
RECEIPTS COLLECTED	FOR WHAT PURPO	SE:				FIND DETAILED
						DEPOSIT
					-	INFORMATION
I HEREBY ACKNOWLE	EDGE DELIVERY OF F	UNDS INTACT:	I HEREBY ACKNOWLED	GE RECEIPT OF FUNI	OS INTACI	HERE
					ВОТІ	H SIGN HERE
SIGNATURE OF SPON	ISOR/COLLECTOR		SIGNATURE OF BOOKK	EEPER/SECRETARY		

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

Fig. 2000. Gr. comm. deligo.	Sharyland ISD Business Office 1200 N. Shary Rd. Mission, TX 78572 956-580-5200	16513  Date of Deposit
	THE SUM OF DEPOSIT AMOUNT EXTENDED FORMAT  FOR REASON FOR THE DEPOSIT & DEPOSIT ACCOUNT I	DOLLARS \$ NUMBERIC FORMAT
ment Type	AMOUNT OF ACCOUNT \$ Amount owed  AMOUNT PAID	Your Signature

#### **❖** Image of the Deposit Log

DEPOSIT #
C ###MM##

(RETURN)

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

C		PUS AN	JORG IE:			CAMI ORG	20 11E3
					DEPOSIT LO	DG NUMBERS	
DAT	E	Ju	ly/2023			EXAM	PLE: C00109XX
DEP	OSI	Г#	FUND	SUB-OBJECT	AMOUNT	DESCRIPTION OF DEPOSIT	DATE
С	07	01					
С	07	02					
С	07	03					
С	07	04					
С	07	05					
С	07	06					
С	07	07					
С	07	08					
С	07	09					
С	07	10					
С	07	11					
С	07	12					
С	07	13					
С	07	14					
С	07	15					
С	07	16					
С	07	17					
С	07	18					

❖ Image of the Bookkeeper/Secretary Deposit Checklist (RETURN)	FIND RI	EQUIRED
BOOKKEEPER DEPOSIT CHECKLIST		NTS FROM
STAPLED ORDER FOR ALL DEPOSITS TO MAIDA DOMINGUEZ:		R/ SECRETARY
Deposit Coversheet (PORTRAIT FORMAT)  Bookkeeper/Secretary Deposit Form	+ THE DOCU	MENTS FROM
Original Receipt to Sponsor	SPOSNOR F	PER DEPOSIT
Deposit Tabulation Distribution Sheet	TY	/PE
COMPLETED Sponsor Deposit Checklist		
ADDITIONAL STAPLE ORDER BASED ON DEPOSIT TYPE ADDITIONAL STAPLE ORDER BASED		
TO MAIDA DOMINGUEZ TO MAIDA DOMING	UEZ	NOT
SELECT ONE  FOR EVENTS WHERE TICKETS/BRACELETS WILL BE SOLD  WHEN BUSINESS PAY WITH CASH AND CHE	CVC	OPTIONAL
Approved Fundraiser/Sales Application (Laserfiche)  Approved Fundraiser/Sales Application (Laserfiche)		
Completed Ticket/Bracelet Sales Template  Original Receipts (For collections over	to the second se	FROM
Ticket Stubs Yellow Carbonless Copy		SPONSOR
Letter, etc (Additional Back up if applicable)  Complete ceipt Tally Template		
WHEN YOU RECEIVE MONEY FOR NON-FUNDRAISER  Business Check Capies  Check Capies		
Approved Fundraiser/Sales Application (Laserfiche)  Original Receipts (For collections over \$5 each payment)  Letter, etc (Additional Back by	ble)	
Yellow Carbonless Copy  CHANGE BOX FUNDS RETURNED 1109		FIND DEPOSIT
Completed Receipt Tally Template Approved Fundraiser/Sales Applicat		
Daily Collections Report (ONLY \$5 or less per payment) Copy of Approved Purchase Order		TYPE ON
Letter, etc (Additional Back up if applicable)  UNSUSED TRAVEL MONEY (Continue Below	v for ADDT'L INS	YELLOW &
BOOKFAIR Copy of Approved Purchase Order		ORANGE
Approved Fundraiser/Sales Application (Laserfiche)  Daily Cash Register Report  Copy of Original Receipts  Copy of the Copy		SELECTIONS
Letter, etc (Additional Back up if applicable)	NSTRUCTIONS)	SELECTIONS
WHEN YOU RECEIVE MONEY FOR FUNDRAISER (SALE ITEMS)  Original Receipts (For collections over	er \$5 each payment)	
Approved Fundraiser/Sales Application (Laserfiche)  Yellow Carbonless Copy		
Original Receipts (For collections over \$5 each payment)  Completed Receipt Tally Template		FOR
Yellow Carbonless Copy  Business Checks (When applicable)  Completed Receipt Tally Template  Check Copies		DONATIONS,
Daily Collections Report (ONLY \$5 or less per payment)  Copy of Signed Donation Form		NOTE: NOT
Completed Inventory Sales Template Letter, etc.(Additional Back up if app	alicable)	STAPLED
Letter, etc (Additional Back up if applicable) NOT STAPLED TO DEP		31711 223
FOOD SALES TO MAIDA DOMING	UEZ	
Ap aiser/Sales Application (Laserfiche)  DONATIONS		
Concessions Sales Template  Signed Donation Form		FOR UNUSED
Ap	BLE	TRAVEL,
		NOTE: TO A/P
UNSUSED TRAVEL MONEY		NOTE. TO A/F
Deposit Coversheet (PORTRAIT FORM Copy of Approved Purchase Order	VIAT	
Original Receipts		
Completed Original Student Meal A	dvance Template	
Bookkeeper/Secretary Verification: Date	1111	
		OPTIONAL IF
NOTES YOU MAY NEED OR WANT TO SHARE:		
		YOU WANT
		TO GIVE US
		NOTES OR
		INFORMATIO

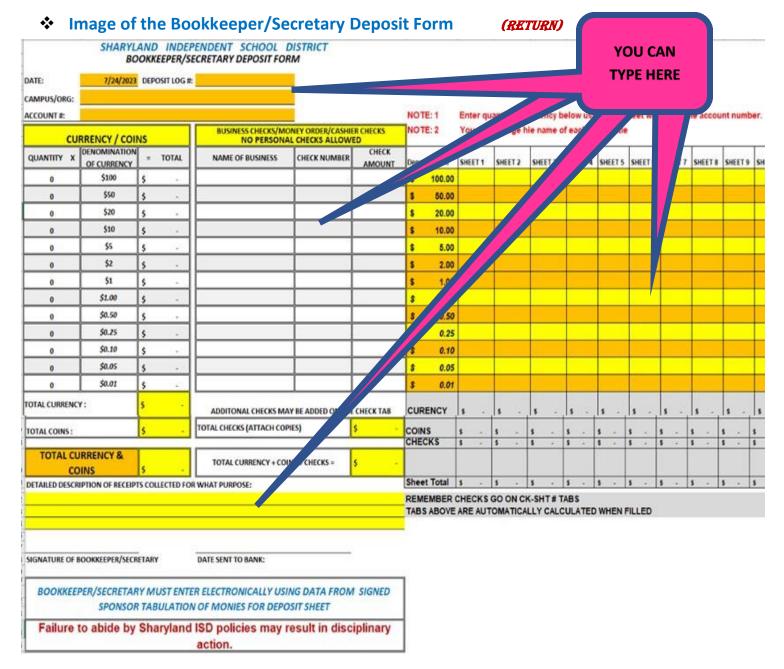
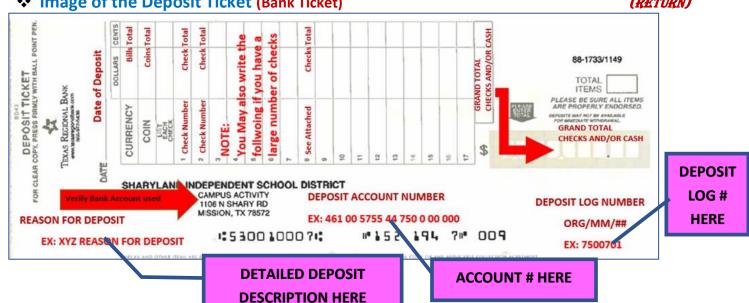
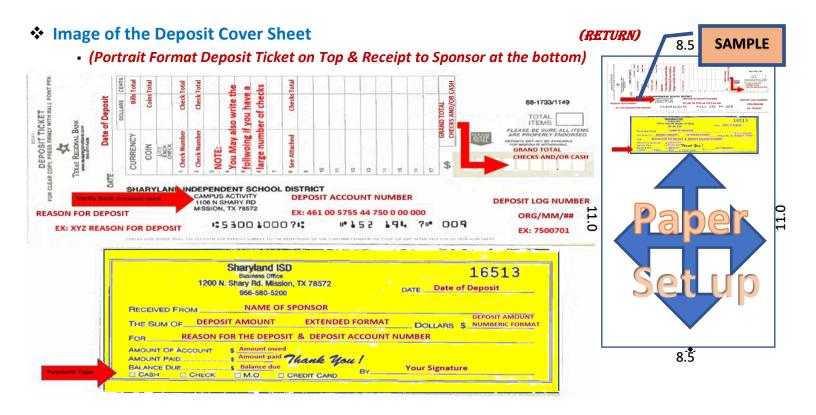
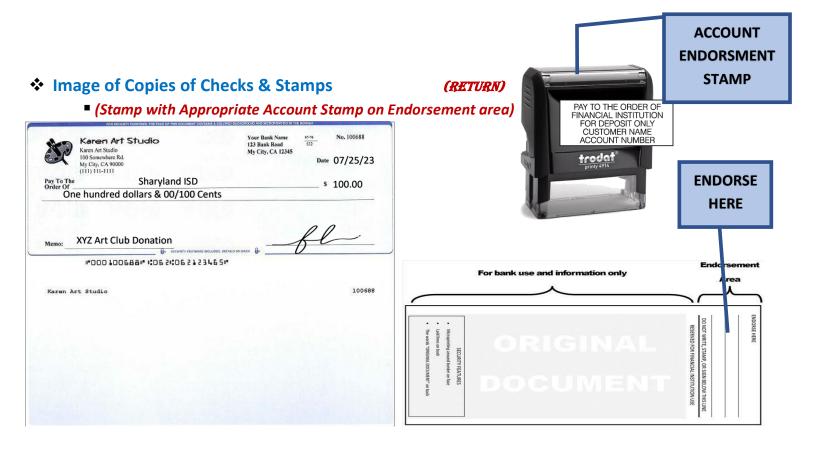


Image of the Deposit Ticket (Bank Ticket)

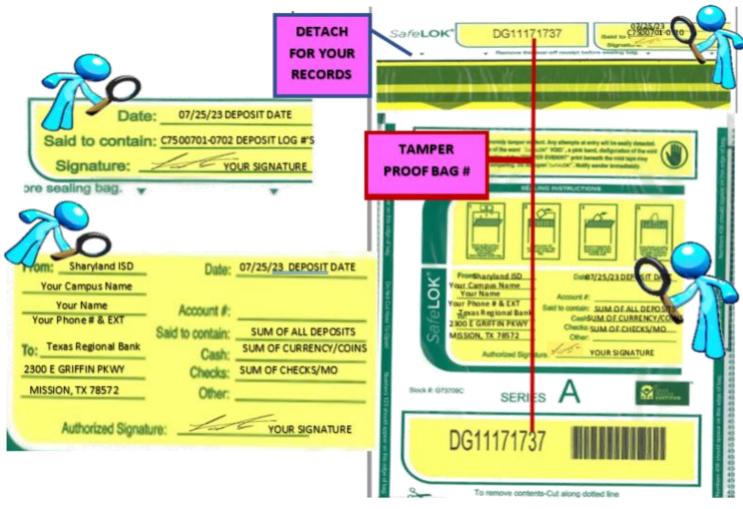










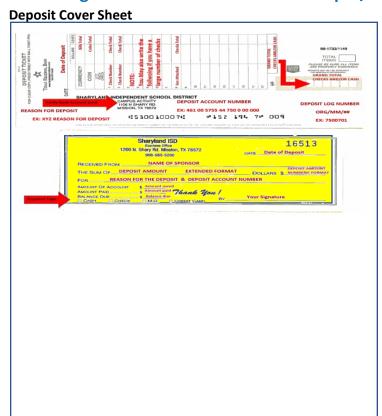


#### Image of the Armored Car Ticket

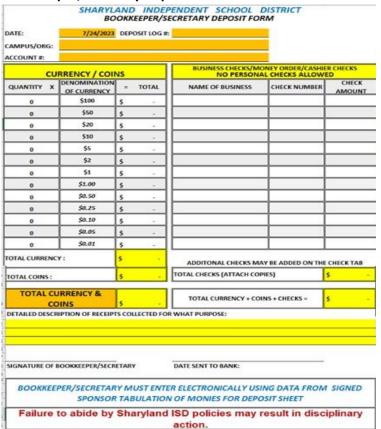
Sharylan	d ISD		Campus/Dept Na
ADDRESS		CITYISTA	Date of Deposit
Your Name	ne/ Cam	pus/Org#	9
Texas Re	gional Ba	ank	STORE BRANCH NO.
2300 E Griffin Pky	vy	Mission,	TX 78572
FULL VA	LUE MU	ST BE DE	CLARED
ITEM NO. C		ALUE SAID CONTAIN	BAG DESCRIPTION SEAL NO.'S
CURRENCY		/alue of	Bag # for
CHECKS	_	ach Bag	Each Bag
FOOD STAMPS			
OTHER	1	SE one	
PENNES		ne for	14 16 16 16
NICKELS		ach bag	
DIMES			
QUARTERS			
HALVES			
NO. OF Qty	OT	tal Value	
ITEMS BAGS Bags		everything	TOTAL VALUE
NOMESSENGER	in t	the bag	DATE
NCOMING VAULTINIGHT DEPO	YROTIS		DATE
OUTGOING VAULTINIGHT DEPO	SITORY		DATE
FINAL RECEIVER (FULL NAME)		TIME	DATE
I is agreed that all thisse percels a Rochester Armored Cor Co., Inc. Ac latined in such parcel delivered to olds of alty percel, Rochester Arm able for more than the value as to NCOMING ROUTS:	rwis System of i it not so distin- ored Car Co., is	lowa, Inc. shall in no dively and securely nc. Lewis System o	sevent buildable for any shortage sealed; also that in case of the flows, Inc. shall in no event be
Doobootes Assess	100		Deseits #
Rochester Armore	owa, Inc		Receipt # 838637

#### Images of Documents From Bookkeeper/Secretary

(RETURN)



#### **Bookkeeper/Secretary Deposit Form**



#### Receipt Issued to Sponsor (Yellow Copy)

1200	Sharyland ISE Business Office N. Shary Rd. Mission 956-580-5200		, '	DATE Date of	16513 Deposit
THE GOIN OF	NAME OF S SIT AMOUNT FOR THE DEPOSI	EXTENDED F		DOLLARS \$	DEPOSIT AMOUNT NUMBERIC FORMAT
AMOUNT OF ACCOUNT AMOUNT PAID BALANCE DUE CASH CHECK	S paramer que	Thank You	/ By	Your Signature	

#### **Sponsor Tabulation Distribution Sheet**

I HEREBY ACKNOWLEDGE DELIVERY OF FUNDS INTACT:

SIGNATURE OF SPONSOR/COLLECTOR

DATE:
ORGANIZATION:

ACCOUNT NUMBER:					
CU	RRENCY / COI	NS	BUSINESS CHECKS/N NO PERSON	MONEY ORDER/O AL CHECKS ALL	CASHIER CHECK OWED
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:			ADDITONAL CHECKS MAY I	BE ADDED ON TH	HE CHECK TAB
TOTAL COINS:			TOTAL CHECKS (ATTACH CO	OPIES):	
TOTAL CURREN	CY & COINS		TOTAL CURRENCY + COIN	NS + CHECKS =	
RECEIPTS COLLECTED	FOR WHAT PURPO	SE:			

I HEREBY ACKNOWLEDGE RECEIPT OF FUNDS INTACT

SIGNATURE OF BOOKKEEPER/SECRETARY

SHARYLAND INDEPENDENT SCHOOL DISTRICT
SPONSOR TABULATION OF MONIES FOR DEPOSIT

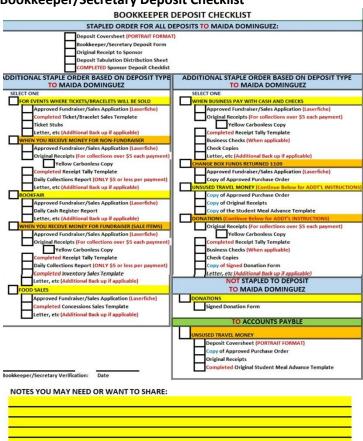
#### **Sponsor Deposit Checklist**

Sponsor Deposit Checklist	
SPONSOR DEPO	DSIT CHECKLIST
ТО ВООККЕЕР	ER/SECRETARY
Organization:	Account No.
REQUIRED DOCUMENTATION FOR EV	ERY DEPOSIT (THIS IS NOT OPTIONAL)
Deposit Tabulation Distribution Sheet (FOR EVI	ERY DEPOSIT)
LOCATE THE TYPE OF DEPOSIT YOU AR	E MAKING AND SELECT DEPOSIT TYPE
REQUIRED DOCUMENTATION PER DE	EPOSIT 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
FESTIVALS CLINICS	PARKING FEES CAMP FEES (NON-PROFIT)
TALENT SHOWS	TESTING FEES DUAL ENROLLMENT FEES  ID FEES LOST TEXTBOOK FEES
GATE ENTRY FEES	CLUB DUES LOST LIBRARY BOOK FEES
DANCE/PROM	AFTER SCHOOL CARE LIBRARY LATE FEES
OTHER	CELL PHONE FEES CLUB REGISTRATION FEES
	OTHER
Currency/Coins	
Approved Fundraiser/Sales Application (Laserfiche)  Completed Ticket/Bracelet Sales Template	Currency/Coins Approved Fundraiser/Sales Application (Laserfiche)
Ticket Stubs (if Tickets used)	Original Receipts (For collections over \$5 each payment)
BOOKFAIR	Yellow Carbonless Copy
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	Completed Receipt Tally Template
Currency/Coins	Daily Collections Report (ONLY \$5 or less per payment)
Approved Fundraiser/Sales Application (Laserfiche)	WHEN YOU RECEIVE MONEY FOR FUNDRAISER (SALE ITEMS)
Daily Cash Register Report	ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.
UNSUSED TRAVEL MONEY ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	SELECT ONE BROCHURE SALES FAN SHIRTS
Currency/Coins	DISCOUNT CARDS CANDLES
Copy of Approved Purchase Order	
Original Receipts	CHOCOLATE BARS GOURMET POPCORN OTHER
Copy of Original Receipts	
Completed Original Student Meal Advance Template	Currency/Coins
Copy of the Student Meal Advance Template	Approved Fundraiser/Sales Application (Laserfiche)
FOR FOOD SALES	Original Receipts (For collections over \$5 each payment)
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC. SELECT ONE	Yellow Carbonless Copy  Completed Receipt Tally Template
CONCESSIONS	Daily Collections Report (ONLY \$5 or less per payment)
EXEMPT DAYS	Completed Inventory Sales Template
OTHER	WHEN BUSINESS PAY WITH CASH AND CHECKS
	NO PERSONAL CHECKS (NO EXCEPTIONS!)
Currency/Coins	SELECT ONE
Approved Fundraiser/Sales Application (Laserfiche)  Completed Concessions Sales Template	COMMISSION CHECKS ATHLETIC/UIL/CHESS TOURNAMENTS
CHANGE BOX FUNDS RETURN (1109)	RENTALS
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	OTHER
Currency/Coins	
Approved Fundraiser/Sales Application (Laserfiche)	Currency/Coins
DONATIONS	Approved Fundraiser/Sales Application (Laserfiche)
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	Original Receipts (For collections over \$5 each payment)
Currency/Coins	Yellow Carbonless Copy
Original Receipts (For collections over \$5 each payment)	Completed Receipt Tally Template  Business Checks (When applicable)
Yellow Carbonless Copy	Charle Conies

#### **Bookkeeper/Secretary Deposit Checklist**

heck Copies gned Donation Form

OPTIONAL DOCUMENTION



Bookkeeper/Secretary Verification:

#### **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

#### Images of required documentation from Sponsors per Deposit Type:

- TICKET/BRACELET SALES
  - > 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**



#### Laserfiche Fundraiser/Sales Application



#### **Sponsor Tabulation Sheet**

			DENT SCHOOL DIS OF MONIES FOR DEP		
DATE:					
ORGANIZATION:					
ACCOUNT NUMBER:					
cu	IRRENCY / COI	NS	BUSINESS CHECKS/I NO PERSON	MONEY ORDER/O	
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:			ADDITONAL CHECKS MAY	BE ADDED ON TH	IE CHECK TAB
TOTAL COINS :			TOTAL CHECKS (ATTACH C	OPIES):	
TOTAL CURREN	CY & COINS		TOTAL CURRENCY + COI	NS + CHECKS =	
RECEIPTS COLLECTED	FOR WHAT PURPO	SE:			
				<u> </u>	
I HEREBY ACKNOWLE	DGE DELIVERY OF F	UNDS INTACT:	I HEREBY ACKNOWLEDGE	RECEIPT OF FUND	OS INTACT
SIGNATURE OF SPON	SOR/COLLECTOR		SIGNATURE OF BOOKKEEP	ER/SECRETARY	•

(RETURN)

2. I am responsible for both safeguarding and a	accounting for funds received from and/or on behalf of students.
3. I wit safeguard activities funds until they are	e deposited with the school principalitin designee.
4. At the completion of all fundralisers the Sales	s Summary Report will be compreted and submitted to the principal for approval.
<ol> <li>An purchases made on behalf of the student administration using the Cayward Requestion</li> </ol>	t organization will be made by check and approved in advance by the principal and financi in Dystem.
6. All food and beverage fund raiser:	
	oderines not of the actioni day (asci bell) until midnight as the serving area during the theal service
7, I wit maintain a positive balance in my organ	rication's account at at times.
organization for any money or property purchastrand.  (an farmar with the school and disent purchast regions in	any student activity funds entrusted to me and that I will reinfourse the student seed with student activity money which is lost due to my own negligence, theft, in the same of the student activity money which is lost due to my own negligence, theft, was liferentiation at activity in the summony is acted representating for the Same Two consistent word finds to be business Office within 2 seess piec competed of this Sames and
Sponsor Signature	
Sponsor Signature  (Mullin K. Elmontic	Date 64110023
Muline K. Emerative Principal / Athletic Coordinator Signature	
Muta Kirmonic	04/11/2023
Muline K. Emerative Principal / Athletic Coordinator Signature	04/11/2023 Date
(Muline K.Chrecontic.  Principal / Athletic Coordinator Signature  List Chine Charles  Final Approver Signature	04/11/2023 Date
Obelie Klimonic  Principal   Athletic Coordinator Signature  Bis Chier Gazza	04/11/2023  Date 64/15/2023

#### **Bracelet Sales Template**

#### **Bracelet Sales**

PAGE 1 BRACE	LET SALES TOTAL	\$ -	E	VENT NAME	
ENTER CASH TO	OTAL COLLECTED				
	DIFFERENCE	\$ -			
		BALANC			
BRACELET COLOR		S -	BRACELET COLOR		\$ -
(FOR USE WITH MULTI-CO	LOR BRACELETS C	NLY)	(FOR USE WITH MULTI-	COLOR BRACELET	S ONLY)
EVENT DATE			EVENT DATE		
BRACELET SELLING PRICE			BRACELET SELLING PRICE	E	
ENTER QUANTITY OF STAR	 ITING INVENTORY	<u> </u>	ENTER QUANTITY OF ST	ARTING INVENTO	RY
(BEFORE FUNDRAISER)			(BEFORE FUNDRAISER)		
ENTER QUANTITY OF REM.	L Aining inventoi	RY	ENTER QUANTITY OF RE	I Emaining invent	ORY
(AFTER FUNDRAISER)			(AFTER FUNDRAISER)		
TOTAL BRACELETS SOLD	0		TOTAL BRACELETS SOLE	0	
BRACELET SALES	\$ -		BRACELET SALES	\$ -	

#### **Ticket Sales Template & Stub**

#### **Ticket Sales**



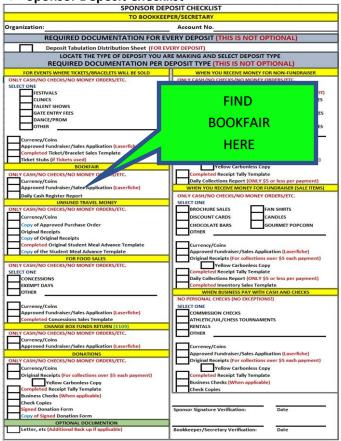
**Ticket Stubs (DO NOT DETACH STUBS)** 



BOOKFAIR (RETURN)

- > 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



Laserfiche Fundraiser/Sales Application

Sales	Entallisons is our freediler.
SUBMIT APPLICATION FOR APPROVE	AL TWO WEEKS BEFORE SALES START DATE
Fundraiser Type *	
Event Number*  Fundraiser #1  Fundraiser #2.  Non-Fundraiser	Is this event JRS/HS Athletics related?*  > Yes  No
Are you using My School Bucks?"  Yes :: No	
Campus*  branjane Hd	Organization * TxPSTA-CTSO Law Entorcement
Activity Acet No.* 865.1.00.2191.97.001.0.000	Req#
Sponsor * Nyda K Gonzalez	Club President® Vidoria Ledeinger
Beginning Sales Date* 04042023	Ending Sales Date*
Description of Activity/Product(s) * 8/2 Ocampo-Big Kahuna cookies, Variety of cookies, box of 35 cookie	16.
Benefit and Purpose * Puntilianer for scholarships, uniforms, cuto shafs and CTSO end of ye	var bengvet
Location * Sharylans High School	Vendor Name Biz Ocenpo-Big Katuna
Estimated Revenues*	Cost Per Item (if applicable) 1 2.00
Estimated Expenses * 8 1,200.00	Sales Price Per Item (if applicable) 1 2.00
Estimated Profit 5 -1,200.00	Commission % (if applicable) 0.00
경기 : : : : : : : : : : : : : : : : : : :	ENDENT SCHOOL DISTRICT
are to used to finance activities that supplement the District's educational experience of students and will not conflict with t	ands by student groups is for the direct benefit of the students. Fund educational program. Fundaming admitten will contribute to the the institutional program. Money more by student groups and program and admitted the program of the program of new received by and disbursed from programs accounts.
	endent School District Activity Fund Accounting Handbook and that
Develop fundraising activities and had them approved in adv	

**Sponsor Tabulation Sheet** 

			IDENT SCHOOL DIS I OF MONIES FOR DEP		
DATE:					
ORGANIZATION:					
ACCOUNT NUMBER:					
Cl	JRRENCY / COI	NS	BUSINESS CHECKS/N NO PERSON	MONEY ORDER/O	
QUANTITY X	OF CURRENCY	= TOTAL	NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
	\$100				
	\$50				
	\$20				
	\$10				
	<b>\$</b> 5				
	\$2				
	<b>\$1</b>				
	\$1.00				
	\$0.50				
	\$0.25				
	\$0.10				
	\$0.05				
	\$0.01				
TOTAL CURRENCY:			ADDITONAL CHECKS MAY	BE ADDED ON TH	HE CHECK TAB
TOTAL COINS :			TOTAL CHECKS (ATTACH CO	OPIES):	
TOTAL CURREN	ICY & COINS		TOTAL CURRENCY + COI	NS + CHECKS =	
RECEIPTS COLLECTED	FOR WHAT PURPO	SE:			
I HEREBY ACKNOWLI	EDGE DELIVERY OF F	UNDS INTACT:	I HEREBY ACKNOWLEDGE F	RECEIPT OF FUNE	OS INTACT
SIGNATURE OF SPON	ISOR/COLLECTOR		SIGNATURE OF BOOKKEEPI	ER/SECRETARY	

2. I am responsible for both safeguarding and a	accounting for funds received from and/or on behalf of students.
3. I wit safeguard activities funds until they are	deposited with the school principality designee.
4. At the completion of all fundralisers the Sales	Summary Report will be compreted and submitted to the principal for approval.
<ol> <li>All purchases made on behalf of the student administration using the Cayward Requisition</li> </ol>	organization will be made by check and approved in advance by the principal and financis bystem.
6. All food and beverage fund raiser:	
	defines nd of the action day (sail pell) until midnight at the serving area during the meal service
7, I wit maintain a positive balance in my organ	reaton's account at at times.
	sed with student activity money which is lost due to my own negligence, theft,
	e san if merbanise d'anton and 5 file community (auteuropembris) for the basis the conscious price flacar to the Business Critics within 2 weeks often competion of this buildings.
I are familiar with the softens and district authors regarding the	
(an fermial with the solves and distinct publics regarding the arts) and carn collections involved 2 agree to salent the You	
I an familiar and the solves and county-points regarding the say and case constitute recover I agree to plant the first Spontson Signature  (Market KERMICHE)	proof flace to the Business Office within 2 weeks offer competion of this fundament.  Date
(an familiar with the solves and detect ancies regarding the ancies can constitute through a gaper to satisfy the first Sponsor Signature	proof flace to the Business Office within 2 weeks offer competion of this fundament.  Date
I an familiar and the solves and county-points regarding to any and case constitute moves I agree to plant the first Sponsor Signature  (Market KERMICHE)	once flatae to the Business Office within 2 weeks offer surrounded of this fundament  Dute 64/11/2022
( an ferman with the solves and deems process regarding the solves are case observed moved of agree to solve the first Sponsor Signature  Medice K. Greenshire  Principal / Athletic Coordinator Signature	Police Recall to the Business Office within 2 weeks offer surroughbut of this fanishment  District 64.11/2022  District
Lan ferman with the school and depote in speciming or and and calculations moved I agree to splint the first Sponsor Signature  Matter K. Greenatic  Principal I Athletic Coordinator Signature  List China Granze  Final Approver Signature	Police Recall to the Business Office within 2 weeks offer surroughbut of this fanishment  District 64.11/2022  District
Lan formar with the solves and elected process regarding and and calculations required in solvest to solve the first Sponsor Signature  Marine All Proceeding  Principal / Althebic Coordinator Signature  Line Office Garne	Date 6411/2003
Lan ferman with the school and descriptions regarding to seri and calculations records I agree to salarithe from Sponsor Signature  Marke K. Greenbloc  Principal I Athletic Coordinator Signature  List Chief Granze  Final Approver Signature	Date 6411/2003  Date 6411/2003

## Daily Cash Register Report (Bookfair Only)

#### REGISTER TOTALS 02/06/23

***************************************	
Tender Totals	
Tender Qty Cash and Checks 22 Credit Cards 3 (Includes eWallet & eGift Card/C Purchase Orders 0 Total 25	Amt 262.49 71.65 ampaign) - 0.00 334.14
(Includes Unredeemed Total)	3347.14
Gross Sales	
Tax Exempt Sales Taxable Sales Gross Sales Total (Excludes Unredeemed Total)	0.00 349.14 349.14
Tax Total (8.25%) Taxable Sales (Less Sales Tax)	26   59 322 : 55
Net Sales	
Scholastic Dollars	0.00
Discounts	0.00
Gift Certificates Purchased Gift Certificates Redeemed (Included in Gross)	0.00 15.00
Gift Certificates Unredeemed	(15.00)
All For Books Collected All For Books Redeemed (Included in Gross) All For Books Unredeemed	0.00 0.00 0.00
Unredeemed Total	(15.00)



#### PRESALE/INVENTORY

(RETURN)

- 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 Tabulation Sheet** 

			DENT SCHOOL DIS OF MONIES FOR DEP		
DATE:					
ORGANIZATION:					
ACCOUNT NUMBER:					
CL	JRRENCY / COI	NS	BUSINESS CHECKS/N NO PERSON	MONEY ORDER/O	
QUANTITY X	DENOMINATION OF CURRENCY	= TOTAL	NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
	\$100				
	\$50				
	\$20				
	\$10				
	<b>\$</b> 5				
	\$2				
	\$1				
	\$1.00				
	\$0.50				
	\$0.25				
	\$0.10				
	\$0.05				
	\$0.01				
TOTAL CURRENCY:			ADDITONAL CHECKS MAY	BE ADDED ON TH	HE CHECK TAB
TOTAL COINS :			TOTAL CHECKS (ATTACH CO	OPIES):	
TOTAL CURREN	CY & COINS		TOTAL CURRENCY + COI	NS + CHECKS =	
RECEIPTS COLLECTED	FOR WHAT PURPO	SE:			
I HEREBY ACKNOWLE	EDGE DELIVERY OF F	UNDS INTACT:	I HEREBY ACKNOWLEDGE F	RECEIPT OF FUND	OS INTACT
SIGNATURE OF SPON	SOR/COLLECTOR	•	SIGNATURE OF BOOKKEEPI	ER/SECRETARY	-

Laserfiche Fundraiser/Sales Application

Sales	Interfaces in our firedition
SUBMIT APPLICATION FOR APPROV	AL TWO WEEKS BEFORE SALES START DATE
Fundraiser Type * roop	
Event Number*  : Fundraiser #1 :: Fundraiser #2 :: Non-Fundraiser	is this event JHS/HS Athletics related?"  Ves  No
Are you using My School Bucks?"  ○ Yes ⊕ No	
Campus * Sharyane HS	Organization * TxPSTA-CTSO Law Enforcement.
Activity Acet No.* 868.1.00.2191.97.001.0.000	Steel #
Sponsor* Nytia K Gonzalez	Club President* Victoria Leideinger
Beginning Sales Dute * 04/04/2023	Ending Sales Date * corporate
Description of Activity/Product(s) * 8/2 Ocampo-Big Kahuna cookies. Variety of cookies, box of 35 cook	04.
Benefit and Purpose* hundraser for scholarships, uniforms, club shirts and CTSO end of y	exar banquet
Location* Sharpland High School	Vendor Name Biz Ocompo-Big Kahana
Estimated Revenues* 8-0-00	Cost Per Item (if applicable) 8 2.00
Estimated Expenses * 8 1,000.00	Sales Price Per Item (if applicable) s 2.00
Estimated Profit 6 -1,200.00	Commission % (if applicable) 0.00
PARTIES TO THE PARTIES OF THE PARTIE	ENDENT SCHOOL DISTRICT
are to used to finance activities that supplement the District educational experience of students and will not conflict with	ands by student groups is for the direct benefit of the students. Fun is educational program. Fundaming activities will contribute to the the inhanctional program. Money raised by student groups and programs are supported by the program of the programs of the programs of the programs.
	endent School District Activity Fund Accounting Handbook and that
1. Develop fundraking activities and had them approved in ad-	vance by the principal using the designated form.

	accounting for funds received from and/or on behalf of students.	
<ol> <li>I wit safeguard activities funds until they are</li> </ol>	deposited with the soloor principatror designee.	
4. At the completion of all fundralisers the Sale	s Summary Report wis se completed and submitted to the principal for approval.	
<ol> <li>All purchases made on behalf of the student administration using the Cayward Requisito</li> </ol>	organization will be made by check and approved in advance by the principal and final stylen.	ince
6. All food and beverage fund rales?		
	defines nd of the school day (ast bell) until midnight at the serving area during the meal service	
7, I wit maintain a positive balance in my organ	reation's account at at times.	
	any situdent activity funds entrusted to me and fluit I will reintiburse the stud- sed with student activity money which is lost due to my own negligence, the	
I am familiar with the softwar and district autices regarding the any) and cash constitutes musices. I agree to solute the fire	e see of mentionalise at action and in the community is accept responsibility for the Dank Tax color acceptance to the Business Ciffux within 2 weeks after competion of this fundament	itun
I an farmer with the solves and district process regarding to any) and care collections involved 2 agree to salms the Pro- Sponsor Signature	is use of mentioning at activation to the community, i actival responsibility for the Sales Textures price finance to the Submetic Office within 2 weeks after competion of this tunders as	otun
any) and cash corections involved 2 agree to extend the fire	size of metherize at closer and in the community is accept recomming for the their two comes and finally in the fluidence Units within 2 weeks, effect compelled of the fluidence.  Date 04-11/2022	chun
ary and sain construct moved 2 agree to saint the free Sponsor Signature  Obstice KEnnowice	pour fincal to the Business Office within 2 weeks after competion of this fundament.  Date	chun
Sponsor Signature  **Market All Transation**  Principal / Athletic Coordinator Signature	pour fincal to the Business Office within 2 weeks after competion of this fundament.  Date	otum
ary and sain construct moved 2 agree to saint the free Sponsor Signature  Obstice KEnnowice	proof Massa to the Submest CMCs within 2 weeks after completion of this fundament.  Date: 04-11/2022	oftun
Sponsor Signature  **Market All Transation**  Principal / Athletic Coordinator Signature	Pole feate to the Submetic Office within 2 weeks after sumpetion of this fundament.  Date 64(1)(2022)  Date	chun
Sponsor Signature  Metire K. Emeratic  Principal / Athletic Coordinator Signature  List Chee Gazze  Final Approver Signature	Pole feate to the Submetic Office within 2 weeks after sumpetion of this fundament.  Date 64(1)(2022)  Date	chun
Sponsor Signature  Metre Killmontic  Principal / Athletic Coordinator Signature  List Chier Gazze	Date 0411/2023  Date 0411/2023	otun
Sponsor Signature  Metire K. Emeratic  Principal / Athletic Coordinator Signature  List Chee Gazze  Final Approver Signature	Date Date 04/11/2023  Date 04/11/2023	ohun

Sponsor Receipts to Payee (Voided should NOT be included) **Receipt Tally Template** (Yellow Copies) Sponsor Issued Receipts to Payee **AMOUNT PER** (KEEP RECEIPT BOOK IN SAFE PLACE WHEN FINISHED) **TOTAL RECEIPTS** RECEIPT # RECEIPT **Total Receipts** RECEIPT Date of Payee Payment No. 123452

Name of Payee S DEPOSIT AMOUNT NUMBERIC FORMAT. **Total Deposit** Sample Deposit Amount Extended Format Difference DOLLARS Reason for Payment Sponsor Signature Payment Type Receipt RECEIPT DATE\_ No. 123453 Sample Name of Payee Deposit Amount Extended Format DOLLARS Reason for Payment 11 13 Payment Type No. 123454 RECEIPT DATE\_ 16 S 17 NOTE: 18 When voiding a receipt, Make sure to keep all of the 3 copies together 19 <sub>By</sub> original, yellow, pink Receipt RECEIPT Date of Payee Payment No. 123455 Name of Payee Sample Deposit Amount Extended Format Reason for Payment

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

ACCOUNT Amount owed

DATE SUBMITTED TO CAMPUS SECRETARY/BOOKKEEPER:

## 

#### **Bracelet & PreSalesInventory Sales Template**

SINGLE RECEIPT BOOK MULTIPLE RECEIPT BOOKS

#### **PreSalesInventory**

PAGE 1 INVENTORY ITEM SALES TOTAL \$

ENTER CASH TOTAL COLLECTED

	DIFFERENCE	\$	-	EXPLAIN IF NOT IN BALAN	ICE:	
		BALAN	ICE			
ITEM NAME		\$	-	ITEM NAME		\$ -
ITEM SIZE/OZ/COLOR/ETO				ITEM SIZE/OZ/COLOR/ETO		
ITEM SELLING PRICE				ITEM SELLING PRICE		
<b>ENTER QUANTITY OF STA</b>	RTING INVENTO	RY		<b>ENTER QUANTITY OF STA</b>	RTING INVENTO	RY
(START OF FUNDRAISER)				(START OF FUNDRAISER)		
<b>ENTER QUANTITY OF REM</b>	MAINING INVENT	ORY		<b>ENTER QUANTITY OF REM</b>	IAINING INVENT	ORY
(END OF FUNDRAISER)				(END OF FUNDRAISER)		
TOTAL ITEM SOLD	0			TOTAL ITEM SOLD	0	
TOTAL SALES	\$ -			TOTAL SALES	\$ -	

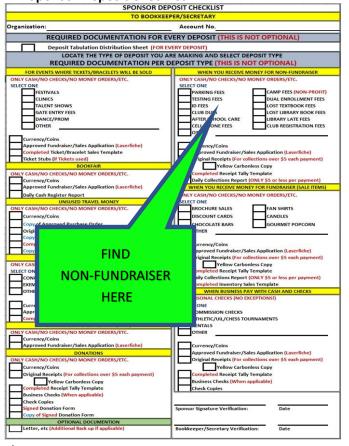
FUNDRAISER DATE (STAR<mark>T)</mark>

FUNDRAISER DATE (END)

NONFUNDRAISER (RETURN)

- 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	Tabulatio	on S	heet				
•	SHARYL	AND	INDEPEN	-	DENT SCHOOL DIS OF MONIES FOR DEPO		
DATE:							
ORGANIZATION:							
ACCOUNT NUMBER:				Ī			
cu	IRRENCY / COI	NS		1	BUSINESS CHECKS/N NO PERSON	MONEY ORDER/O	CASHIER CHECK OWED
QUANTITY X	DENOMINATION OF CURRENCY	=	TOTAL		NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
	\$100						
	\$50						
	\$20						
	\$10						
	\$5						
	\$2						
	\$1			]			
	\$1.00			1			
	\$0.50			1			
	\$0.25			1			
	\$0.10			1			
	\$0.05			1			
	\$0.01			1			
TOTAL CURRENCY:					ADDITONAL CHECKS MAY E	BE ADDED ON TH	IE CHECK TAB
TOTAL COINS :					TOTAL CHECKS (ATTACH CO	OPIES):	
TOTAL CURREN	CY & COINS				TOTAL CURRENCY + COIN	NS + CHECKS =	
RECEIPTS COLLECTED	FOR WHAT PURPO	SE:					
				_			
I HEREBY ACKNOWLE	DGE DELIVERY OF F	UNDS I	NTACT:		I HEREBY ACKNOWLEDGE R	RECEIPT OF FUND	OS INTACT

Laserfiche Fundraiser/Sales Application

Sales	Examinence in our Erwelltism
SUBMIT APPLICATION FOR APPROVE	AL TWO WEEKS BEFORE SALES START DATE
Fundraiser Type * rooo	
Event Number*	Is this event JHS/HS Athletics-related?"
○ Fundraiser #1 ◎ Fundraiser #2 ○ Non-Fundraiser	○ Yes ⊕ No
Are you using My School Bucks?"  Yes ::: No	
Campus*	Organization*
Snayland HS	TxPSTA- CTSO Law Entercement
Activity Acet No." 863.1,00.2191.97.001.0.00.000	Req #
Sponsor*	Club President®
Nydia K Gonzalez	Victoria Letderiger
Beginning Sales Date*	Ending Sales Date*
64042023	69/09/2023
Description of Activity/Product(s)* Biz Ocampo-Big Kahuna cookies, Variety of cookies, box of 35 cookies	006
Benefit and Purpose * Purdiaser for schounings, uniforms, cuts shirts and CTSO end of y	war beinguet
Location*	Vendor Name
Charyland High School	Biz Ocampo-Big Kahuna
Estimated Revenues*	Cost Per Item (if applicable)
5 0.00	8 2.00
Estimated Expenses*	Sales Price Per Item (if applicable)
8 1,200.00	8 2.00
Estimated Profit	Commission % (if applicable)
5 -1,200.00	0.00
SHARYLAND INDEP	ENDENT SCHOOL DISTRICT
Responsibilities of Activity Fund Sponsors	
are to used to finance activities that supplement the District's educational experience of students and will not conflict with t	ands by student groups is for the direct benefit of the students. Func a educational program. Fundarising activities will contribute to the the lesthictional program. Money raised by student groups and pondor of a student group is responsible for maintaining adequate ney received by and debursed from organization accounts.
I hereby adknowledge that I have read the Shanyland Indepe am responsible for complying with it. In particular, I adknowle	endent School District Activity Fund Accounting Handbook and that edge that:

#### Laserfiche Fundraiser/Sales Application (Approval Signatures)

SIGNATURE OF BOOKKEEPER/SECRETARY

SIGNATURE OF SPONSOR/COLLECTOR

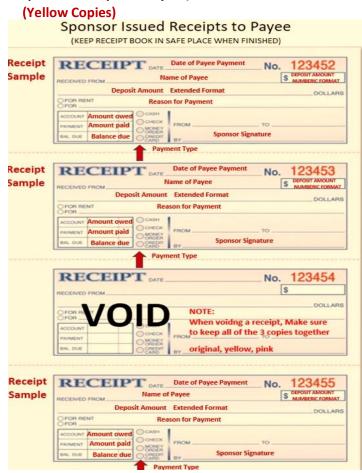
A Code subsection perfection from concept to	a deposited with the extract retornative decimals
a. I will suregound activities funds until they an	e deposited with the school principalities designee.
4. At the completion of all fundralisers line Sale	es Summary Report will be completed and submitted to the principal for approval.
<ol> <li>All purshases made on setalf of the studen administration using the Dayward Requisite</li> </ol>	d organization will be made by check and approved in advance by the principal and finance on Dysteen.
6. All food and beverage fund raiser:	
	ddelines and of the achool day (but bell) until midnight as the serving area during the meal service
7, I wit maintain a positive balance in my orga	enzation's account at at times.
	any student activity funds entrusted to me and that I will reimburse the student ased with student activity money which is lost due to my own negligence, theft, or
tauri.	he saw of memberships at solvinor and in the community. I accept responsibility for the Saws The collection I revise filtrag to the Succept Office within 2 were; other completion of this Suckeysted.
tauri.	he said of membershed all school and it the community is asked responsibility for the Spain The schoolses in service filtrags to the Sustmood Office within 2 server, offer competition of this Sundraystel.
and,	to use of mentionable at achies and in the community, I accept recommisting for the Sans. The collection
and.  In the war the school and anothering any and an ideators required to select the foreign and an ideators	he said of menthalmous at solving and in the community is accept regionalizing for the Sains. The consistent is menced. Results to the business Office within 2 weeks often completion of this Suideplate.  Date
rand.  I an femilie with the school and obstitutions regarding to any and calm blegtons request agree to admit the tro Sportson Signature.	he said of menthalmous at solving and in the community is accept regionalizing for the Sains. The consistent is menced. Results to the business Office within 2 weeks often completion of this Suideplate.  Date
and.  In the war the school and anothering any and an ideators required to select the foreign and an ideators	his saw of mentionized at solving and in the community is solved responsibility for the Saws Two collection is several filtrical to the Succession Chica within 2 several offer competition of this fundament.  Dutle: 6411/2222
and.  In ferror we the school electrocolor representation of the policy	The sale of mentional and softens and in the summarity, I solved responsibility for the Dank Tex solvestion is described for the Summarity of the Dank Tex solvestion in the Summarity of the Sum
The Control of the State and distributed in the state and distributed in the state and distributed in the first and the state and an	The sale of mentional and softens and in the summarity, I solved responsibility for the Dank Tex solvestion is described for the Summarity of the Dank Tex solvestion in the Summarity of the Sum
iand.  I an farmar with the school and distribution regarding in any and cash observed in species is sained the transportant of the state of the sta	the saw of memberships at solvers and is the community. I suited responsibility for the Saws Two connection is described by the Suited Saws Two connection is suited to the Suited Saws Two connection in the Saws Two connection is the Saws Two connection in the Saws Two connection in the Saws Two connection is the Saws Two connection in the Saws Two connection is the Saws Two connection in the Saws Two connection is the Saws Two connection in the Saws

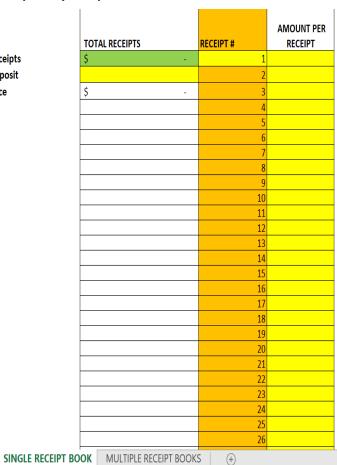
Sponsor Receipts to Payee (Voided should NOT be included)
 Receipt Tally Template

**Total Receipts** 

**Total Deposit** 

Difference





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

AMPUS:	O I KOM O TODENTO	FOR FEES, FIELD TRIPS, FUND	B/TEACHER:	AN SOUR PER PATIMENT.
	SER/PURPOSE:	020	B/TEACHER.	
O.I.D.I.O.II.O	DATE RECEIVED	STUDENT NAME	COLLECTED	COMMENTS
- 1		O TO DE LITTO ME	002220120	
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		тот		

#### FUNDRAISER/SALES PAID WITH BUSINESS CHECKS

(RETURN)

- 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 Tabulation Sheet**

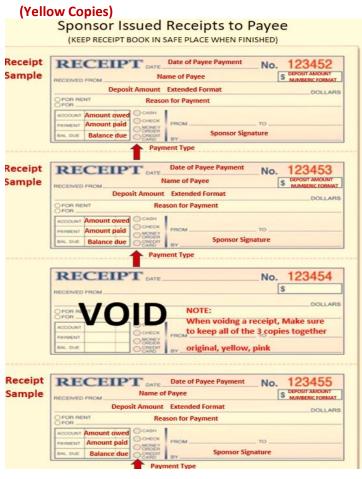
			DENT SCHOOL DIS I OF MONIES FOR DEP		
DATE:					
ORGANIZATION:					
ACCOUNT NUMBER:					
CL	JRRENCY / COI	NS	BUSINESS CHECKS/N NO PERSON	MONEY ORDER/O	
QUANTITY X	DENOMINATION OF CURRENCY	= TOTAL	NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
	\$100				
	\$50				
	\$20				
	\$10				
	<b>\$</b> 5				
	\$2				
	<b>\$1</b>				
	\$1.00				
	\$0.50				
	\$0.25				
	\$0.10				
	\$0.05				
	\$0.01				
TOTAL CURRENCY:			ADDITONAL CHECKS MAY	BE ADDED ON TH	HE CHECK TAB
TOTAL COINS :			TOTAL CHECKS (ATTACH CO	OPIES):	
TOTAL CURREN	CY & COINS		TOTAL CURRENCY + COI	NS + CHECKS =	
RECEIPTS COLLECTED	FOR WHAT PURPO	SE:			
I HEREBY ACKNOWLE	EDGE DELIVERY OF F	UNDS INTACT:	I HEREBY ACKNOWLEDGE F	RECEIPT OF FUNE	OS INTACT
SIGNATURE OF SPON	SOR/COLLECTOR	•	SIGNATURE OF BOOKKEEPI	ER/SECRETARY	•

#### Laserfiche Fundraiser/Sales Application

## Application for Activity Fundraiser / Sales SHARYLAND SUBMIT APPLICATION FOR APPROVAL TWO WEEKS BEFORE SALES START DATE Event Number Is this event JHS/HS Athletics-related? Fundraiser #1 @ Fundraiser #2 ① Non-Fundraiser Activity Acet No." MEL 1, 00 2191 97 001 0.00 000 Benefit and Purpose\* Estimated Revenues Cost Per Item (if applicable) Estimated Expenses\* Sales Price Per Item (if applicable) 8 1,200.00 Estimated Profit Commission % (if applicable) SHARYLAND INDEPENDENT SCHOOL DISTRICT

2. I am responsible for both safeguarding ar	nd accounting for funds received from and/or on sehalf of students.
3. I wit safeguard activities funds until they	are deposited with the school principatrol designee.
4. At the completion of all fundralisers the S	ales Summary Report will be completed and submitted to the principal for approval.
<ol> <li>All purchases made on behalf of the slud administration using the Dayward Requel</li> </ol>	ent organization will be made by check and approved in advance by the principal and finance from bystem.
6. All food and beverage fund rales?	
	guidelines a end of the achool day (said bell) until midnight near the serving area during the meal service
7, I wit maintain a positive balance in my or	garization's account at at times.
organization for any money or property puro	hased with student activity money which is lost due to my own negligence, theft, o
	y the sale of mentioners an activation of it the community is accept repaired by the best the consistent Propose filecas to the Business Chica within 2 weres other completion of this fundament
I am familiar with the solving and distinct purchas regarding	Francia Recip to the Business Office within 2 weeks after competion of this favorables
I am familiar with the softwar and district purchas regarding any land calm collections minimal. Agree to colonic the	
Lan formal with the sphore and depend profess regions any and case observes involved. I agree to bound the Sponsor Signature  (Market KEFreschille)	Procedule Reside to the discrete Office within 2 werest other completion of this fundament  District  04/11/2023
I an familiar with the sphore and disent process regarding and and claim followings in regime I agree to based the Sponsor Signature  Medical Affiliation Coordinator Signature  Principal I Athletic Coordinator Signature	Procedule Reside to the discrete Office within 2 werest other completion of this fundament  District  04/11/2023
Law former with the sphere and depend profices regions and are considered in spire to bound the Sponsor Signature  Market KEProceeding	Proposal Recast to the success Office within 2 weres after completion of this fundament  Date  64-11/2022
I an familiar with the sphore and disent process regarding and and claim followings in regime I agree to based the Sponsor Signature  Medical Affiliation Coordinator Signature  Principal I Athletic Coordinator Signature	Procedul Recas to the Submetic Office within 2 weres after completion of the fundament  Disteres 64/11/2022  Date
Lan familiar with the sphore and disent process requests and an electronic received. Lagree to based the Sponsor Signature  Medice K.Egrecontice  Principal I Athletic Coordinator Signature  Little Chaire Grande  Final Approver Signature	Date 04/11/2023  Date 04/11/2023  Date 04/11/2023
Lan formar em tre spiner and deept process regions and are clarectors review? Lagrac to businities Sponsor Signature  Malline All Procedure  Principal I Athletic Coordinator Signature  Little Chief Grease	Date 0411/2022  Date 0411/2022

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



				AMOUNT PER
		TOTAL RECEIPTS	RECEIPT #	RECEIPT
Total Re		\$ -	1	
Total De	posit		2	
Differen	ce	\$ -	3	
			4	
			5	
			6	
			7	
			8	
			9	
			10	
			11	
			12	
			13	
			14	
			15	
			16	
			17	
			18	
			19	
			20	
			21	
			22	
			23	
			24	
			25	
			26	
<b>)</b>	SINGLE RECEIPT BO	OK MULTIPLE RECEIPT BOOK	S   +	

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



DATE SUBMITTED TO CAMPUS SECRETARY/BOOKKEEPER:

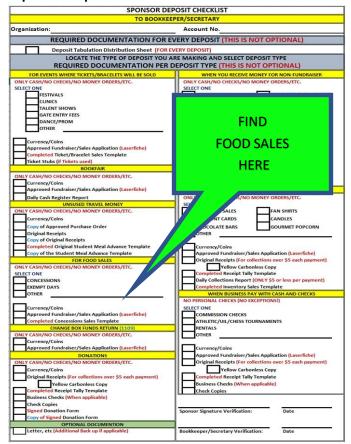
#### Checks (Original & Copy)

John Smith	CHECK № 0007
765 Dolor sit Amet APT B5	DATE: aug. 11, 2019
Brooklyn, NY, 12345	<del>-</del>
PAY TO THE ORDER OF: Mary Johnson	\$\$ <u></u>
PAY TO THE ORDER OF: Mary Johnson Seven hundred fifteen and 33	DOLLARS
PAYABLE AT ALL LOREM BANK BRANCHES IN USA	
ACCOUNT № 001234567	2 1 +1
MEMO Monthly rent	J. Smith

FOOD SALES (RETURN)

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

#### **Sponsor Deposit Checklist**



#### Laserfiche Fundraiser/Sales Application

Application for Activity For Sales	undraiser / SHARYLAND
SUMMIT APPLICATION FOR APPROVI	AL TWO WEEKS BEFORE SALES START DATE
Fundraiser Type*	
Event Number*	Is this event JHSSHS Athletics related?"
○ Fundraiser #1 ◎ Fundraiser #2 ○ Non-Fundraiser	○ Yes ⊕ No
Are you using My School Bucks?"  Yes  No	
Campus*	Organization *
Sharplane HS	TxPSTA- CTSO Law Enforcement
Activity Acct No.* 868.1,00.2191.97.001.0.00.000	Steq#
Sponsor"	Club President®
Nyda K Gorzalez	Victoria Leideinger
Beginning Sales Date	Ending Sales Date*
04/04/2023	60/09/2023
Description of Activity/Product(s)	
Biz Ocampo-Big Kahuna cookies. Variety of cookies, box of 35 cooki	44.
Benefit and Purpose *	
hundraser for scholarships, uniforms, club shirts and CTSO end of y	ear banquet
Location "	Vendor Name
Charyland High School	Biz Ocampo-Big Katuna
Estimated Revenues*	Cost Per Item (if applicable)
5 G OG	8 2.00
Estimated Expenses*	Sales Price Per Item (if applicable)
B 1,200.00	8 2.00
Estimated Profit	Commission % (if applicable)
5 -1,200.00	0.00
SHARYLAND INDEP	ENDENT SCHOOL DISTRICT
Responsibilities of Activity Fund Sponsors	
are to used to finance activities that supplement the District's educational expenience of students and will not conflict with t	inds by student groups is for the direct benefit of the students. Fund educational program. Fundinasing activities will contribute to the the instructional program. Money raised by student groups and ocnor of a student group is responsible for maintaining adequate ney received by and disbursed from organization accounts.
I hereby acknowledge that I have read the Sharyland Indepe am responsible for complying with it. In particular, I acknowle	endent School District Activity Fund Accounting Handbook and that edge that:
1. Develop fundraking activities and had them approved in ad-	vance by the principal using the designated form.

#### **Sponsor Tabulation Sheet**

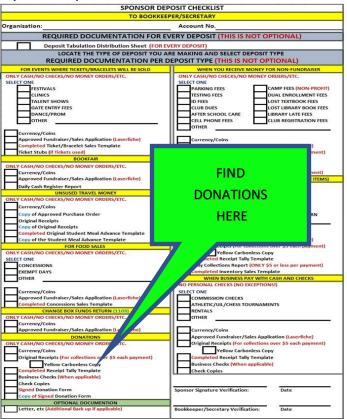
					DENT SCHOOL DIS OF MONIES FOR DEPO		
DATE:							
ORGANIZATION:							
ACCOUNT NUMBER:							
CI	JRRENCY / COI	NS			BUSINESS CHECKS/N NO PERSON	MONEY ORDER/O	
QUANTITY X	DENOMINATION OF CURRENCY	=	TOTAL		NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
	\$100						
	\$50						
	\$20						
	\$10						
	\$5						
	\$2						
	\$1						
	\$1.00						
	\$0.50						
	\$0.25						
	\$0.10						
	\$0.05						
	\$0.01						
TOTAL CURRENCY:					ADDITONAL CHECKS MAY I	BE ADDED ON TH	HE CHECK TAB
TOTAL COINS :					TOTAL CHECKS (ATTACH CO	OPIES):	
TOTAL CURREN	ICY & COINS				TOTAL CURRENCY + COIN	NS + CHECKS =	
RECEIPTS COLLECTED	FOR WHAT PURPO	SE:		•			
I HEREBY ACKNOWL	EDGE DELIVERY OF F	UNDS IN	ITACT:		I HEREBY ACKNOWLEDGE F	RECEIPT OF FUND	OS INTACT
SIGNATURE OF SPOR	NSOR/COLLECTOR				SIGNATURE OF BOOKKEEPE	R/SECRETARY	

I am responsible for both safeguarding and accounting     I will safeguard activities funds until they are deposited     A. At the compretion of all fundransers the Sales Summary	
	with the action principaror designee.
4. At the compretion of all fundransers the Sares Summary	
	y Report will be comprehed and submitted to the principal for approval.
<ol> <li>At purchases made on behalf of the eluderc organizati administration using the Dayward Requisition System.</li> </ol>	ton win be made by check and approved in advance by the principal and finance
6. All food and beverage fund rasser	
<ul> <li>Must meet the LrGOA nutritionar guidelines</li> <li>Can be soid 30 minutes after the end of the sit.</li> <li>Is an exempt day out cannot be near the servine.</li> </ul>	
7. I will maintain a positive balance in my organization's a	scooler at all times.
I am familiar with the school and definit policies regarding the see of new 39/1 and clash (circulation involved I agree to submit the Francis Messa Sponsor Signature	entended at school and in the community i accept responsibility for the Saxes Tax collection it to the Business (Moze within ) weeks often competion of this fundament
any) and cash collections involved. I agree to submit the Financial Recap	
any and cain conditions involved I agree to submit the financial Recay Sponsor Signature	to the Business Office within 2 weeks after competition of this fundament.  Durke 64/11/2023
any and can concluse record i agree to submit the financia fecus Sponsor Signature  Objetit All Frenchic	y to the Business Office within 2 weeks offer competition of this fundament.  Date
Sponsor Signature  **Climicalic**  Principal / Athletic Coordinator Signature	to the Business Office within 2 weeks after competition of this fundament.  Dutie 6411/2023
Sponsor Signature  Obelia ACPrecido:  Principal / Abbelia Coordinator Signature  Obs Char Gazza  Final Approver Signature	Dufe 0411/2023  Date 0411/2023
Sponsor Signature  **During ACEmicality**  Principal / Athletic Coordinator Signature  **During Acety Coordi	to the Business Office within 2 weeks after competition of this fundament.  During 64-11-2023  During 64-11-2023

DONATIONS (RETURN)

- 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**



#### Laserfiche Fundraiser/Sales Application



#### **Sponsor Tabulation Sheet**

oponso.	Tabulatio	on once				
				DENT SCHOOL DIS OF MONIES FOR DEPO		
DATE:						
ORGANIZATION:						
ACCOUNT NUMBER:						
CU	RRENCY / COI	NS		BUSINESS CHECKS/N NO PERSON	ONEY ORDER/O	
QUANTITY X	DENOMINATION OF CURRENCY	= TOTAL		NAME OF BUSINESS	CHECK NUMBER	CHECK AMOUNT
	\$100		1		HOMBEN	
	\$50		1			
	\$20					
	\$10					
	\$5					
	\$2					
	\$1					
	\$1.00		I			
	\$0.50					
	\$0.25					
	\$0.10					
	\$0.05		J			
	\$0.01					
TOTAL CURRENCY :			]	ADDITONAL CHECKS MAY	BE ADDED ON TH	HE CHECK TAB
TOTAL COINS:				TOTAL CHECKS (ATTACH CO	OPIES):	
TOTAL CURREN	CY & COINS		1	TOTAL CURRENCY + COIN	IS + CHECKS =	
RECEIPTS COLLECTED	FOR WHAT PURPO	SE:	-			,
			_			
I HEREBY ACKNOWLE	DGE DELIVERY OF F	UNDS INTACT:		I HEREBY ACKNOWLEDGE F	ECEIPT OF FUNI	OS INTACT
SIGNATURE OF SPON	SOR/COLLECTOR			SIGNATURE OF BOOKKEEPE	R/SECRETARY	-

I sen hanner van der school and dezind punces regenting and a set sent conductor annoval i apper to salend toe in Sponsor Signature      Obstice Al Francishic  Principal I Athletic Coordinator Signature      Obst. Obst. 26.	to use of mechanism at cultural and in the community. I according consisting for the Eases Tex collects ancier finding to the Business Office within 2 seess after competition of this fundament.  Disfe  0+1120223  Disfe  6+112023
any are can concluse involves I agree to subnititle in Sponsor Signature	ence Recepts the Business Office within 2 weeks after competion of this fundament.  Clafe:
any) and cash corections involved. I agree to submit the Po	sector Recay to the Business Office within 2 weeks other completion of this fundament
	any student activity funds entrusted to me and that I will reiniture the stude seed with student activity money which is lost due to my own negligence, the
7. I will maintain a positive balance in my org	
	idelines nd of the school day (oact bell) until motingst are the serving also during the meal service
6. All food and beverage fund ratter:	
<ol> <li>All purchases made on behalf of the stude administration using the Dayward Requisit</li> </ol>	congainization will be made by offices, and approved in advance by the principal and final in Dystlein.
4. At the completion of all fundrations the Sai	s Summary Report will be completed and submitted to the principal for approval.
3. I will safeguard activities funds until they a	e deposited with the school principatror designee.

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 Date of Payee Payment No. 123452 Sample S DEPOSIT AMOUNT NUMBERIC FORMAT RECEIVED FROM..... Deposit Amount Extended Format DOLLARS Reason for Payment Payment Type RECEIPT Date of Payee Payment No. 123453 Receipt Sample Deposit Amount Extended Format Name of Payee S DEPOSIT AMOUNT NUMBERIC FORMAT DOLLARS Reason for Payment FOR REDAY
FOR

ACCOUNT Amount owed

AMOUNT Amount paid

MAL OUR

Balance due

CARPH

OPECK

MONEY

FROM

BY

BY

BY Payment Type

\_No. 123454

S DEPOSIT AMOUNT NUMBERIC FORMAT

S

When voiding a receipt, Make sure to keep all of the 3 copies together

original, yellow, pink

RECEIPT Date of Payee Payment No. 123455

Deposit Amount Extended Format Reason for Payment

	TOTAL RECEIPTS	RECEIPT #	AMOUNT PER RECEIPT
Total Receipts	\$	- 1	
Total Deposit		2	
Difference	\$	- 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 RECI	EIPT BOOK MULTIPLE RECEIPT	BOOKS +	

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

ACCOUNT Amount owed Amount paid

Name of Payee

RECEIPT DATE

Receipt

Sample

SPONSOR/TEACHER SIGNATURE:

DATE SUBMITTED TO CAMPUS SECRETARY/BOOKKEEPER:

		SHARYLANI DAILY COLLECTIO	NS REPORT	
PAYMENT: CAMPUS:	S FROM STUDENTS FO	OR FEES, FIELD TRIPS, FUNDRA		THAN \$5.00 PER PAYMENT.
	ER/PURPOSE:	CLUB/	TEACHER:	
UNDRAIS	DATE RECEIVED	STUDENT NAME	COLLECTED	COMMENTS
- 1	DATE RECEIVED	STODENT NAME	COLLECTED	COMMENTS
2				
3				
4				
5				
6				
7				
8				
9				
10				
12				
13				
14 15				
15				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
38				
39				
40				
40				
42				
42				
44				
45				

#### Checks (Original & Conv.)

John Smith	CHECK № 0007
765 Dolor sit Amet APT B5	DATE: aug. 11, 2019
Brooklyn, NY, 12345	
PAY TO THE ORDER OF: Mary Johnson	\$ 7/5,39
PAY TO THE ORDER OF: Mary Johnson	DOLLARS
PAYABLE AT ALL LOREM BANK BRANCHES IN USA ACCOUNT Nº 001234567	
MEMO Monthly rent	J. Smith
	AUTHORIZED SIGNATURE

## Donation Form (Original & Copy)



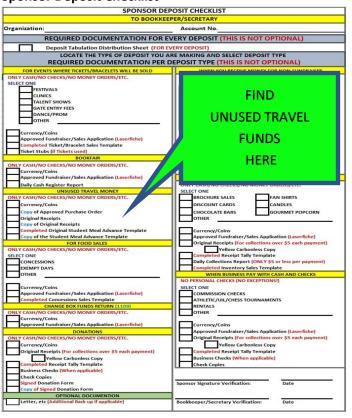
SHARYLAND ISD DONATION ACCEPTANCE FORM

School Year:		Campus/Dept:	
	to donate to the District money, ft by submitting this form for co	materials, services, or equipment shall seek prior ensideration by the District.	
Any donation that is given	to a school or program of the Di	istrict shall become the property of the District.	
Any donation given without or designee, for use by any		may be allocated, at the discretion of the Superintene	dent
SECTION I	To Be Completed by Dono	or	
Solicited  Donor Individual:	Unsolicited	Will the donation require on-going Maintenance Costs?	
Donor Email Address:		Phone Number:	
Donor Address, City, State,	Zip:		
Organization Receiving Dor	ation:	Sponsor/Teacher:	
Value of Donation: \$	Cash	Check In-Kind	
For donations of cash, please g description of equipment, etc.)		the requested use of the donated money. (Event, scholarship	ps,
For donations of supplies/equi (Model number, serial number)	oment, please give a description of t brand, etc.)	the items donated.	
Condi	tional Donation	Unconditional Donation	
Donor Conditional Impo	sed Restrictions, if any: which the donor has placed restriction	ne on the use of the desertion	
* *	which the donor has proced restriction	son the use of the abnution.	
Name of Donor/Representati	ve Signature:	Date:	
		Department Clearance is Required & Operations, Technology, and/or Other, requires	
Department Name	APPROVED DENIED	Dept. Director Signature Date	
Rationale:			
SECTION III	To Be Completed by Distric	et Official Prior to Accepting Donation	
Final Approval (Required)		APPROVED DENIED	
Signature of SISD Administrate	or/Campus Principal:	Date	
Signature of Superintendent of Superintendent or Designee signs	or Designee (if applicable): sture is required if donation value is e	Date equal to or over \$1,000	
Signature of Board President/ * Board President/Member signatu		Date ction, and the value is equal to or over \$5,000 or real property	
SECTION IV	To Be Completed on Date of	of Acceptance of Donation	
Date of Receipt	Check/ Check #	Cash Amount Received (if cash):	
*All donatio	ns made to Sharyland ISD are * Forward approved forn	e tax deductable/ Tax ID #74-6001743	

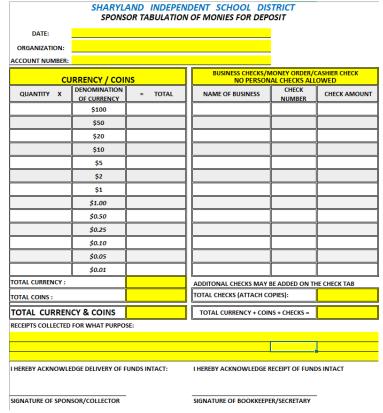
**UNUSED TRAVEL** (RETURN)

- 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 Tabulation Sheet**



Purch	nase	Order (Original & Copy)		
	PO DATE	Invoice to:	PAGE 1	OF 1 ORDER NUMBER
04	4/09/2023	SHARYLAND ISD	001:	2300660
PRINTED	04/26/20	Accounts Payable 1200 N Shary Rd Mission, TX 78572-4652 (956) 580-5200	VENDOR KEY SHIP DATE FISCAL YEAR ENTERED BY ORIGINAL REQ	: BARBOROB00 : 04/09/2023 : 2022-2023 : BARBOROB00 # : 0000207524
	EMPLOYEE	1243 E BU STATION DEPT. MISSION,	AND 1.S.D. USINESS 83 BLDG C TX 78572-4652	
		ATTN: RO	BERTO BARBOSA	
Contract N	br: TRAV	EL TRAVEL		
QUANTITY	UNIT	DESCRIPTION OF ITEMS OR MATERIALS SIGNED OFFICER MEETING MINUTES, 4 TRAVEL PAPERWORK ATTACHS	UNIT PRICE	AMOUNT
10	Each	SER 2023 SALES AND THE PRINCIPAL OF PRINCIPAL PARAMETERS, ALLES AND THE PRINCIPAL PARAMETERS, ALLES AND THE SALES	00.000 100.000	1,000.0

STONED OFFICER MECTING HINTER, A TRAVEL PAPERSONA ATTACHDOLLS.  BROWN APPLIES, 102 TO APPLIES, 102, 2023 AT THE AMOUNT OF \$100.00  FOR STONEMY/SPONSON FOR 8 STUDENTS AND 2 STONEOGR.  INCIDENTAL FOR TAXA MEALS, TIPS, MISCELLANGOS EMERGENCY FONDS, MOSPITATLITY ITEMS, PARKING FEER, TAXI, SHIPPING FEER, ETC. FORM OUR BES STUDENT ACTIVITY FUND.	100.00000	1,000.00
ACCOUNT NOMERS DEMARY (FOR INTERNAL USE) ACCOUNT NOMERS ACCOUNT AMOUNT 865 L 00 2191 13 001 0 00 000 1,000.00  PURCHASE ORDERS VALID FOR 90 DAYS. HO BACK ORDERS.		
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	PAGE TOTAL TOTAL PPROVED BY:	1,000.00 1,000.00

#### **Check Reconciliation (Student Meal Allowance Template)**

late	Check	Payee	Reason	Check Amount
			Student meals	
			Tota	l: \$ -

			Total:	\$ -
	*ALL R	ECEIPTS MUST ACCOMPANY		
	'HIS FORM AND BE TURNED IN TO THE BUSINESS OFFICE UPON RETURN OF EVENT**		Less: Receipts (detailed below)	\$ -
			Less: Deposits (return monies)	
			Variance Amount	\$ -
	/ariance			
$\exists$				
00				
		ceipts to the back of the form.		
	late	Payee		
0				
00				
~				
			Total receipts	\$ -

#### Receipts (Original & Copy



■ CHANGE BOX FUNDS (RETURN)

- > 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 DE	EPOSIT CHECKLIST				
ТО ВООККЕ	EPER/SECRETARY				
Organization: Account No					
REQUIRED DOCUMENTATION FOR EVERY DEPOSIT (THIS IS NOT OPTIONAL)					
Deposit Tabulation Distribution Sheet (FOR EVERY DEPOSIT)					
	ARE MAKING AND SELECT DEPOSIT TYPE				
-	DEPOSIT TYPE (THIS IS NOT OPTIONAL)				
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	WHEN YOU RECEIVE MONEY FOR NON-FUNDRAISER ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.				
SELECT ONE	SELECT ONE				
FESTIVALS	PARKING FEES CAMP FEES (NON-PROFIT)				
CLINICS TALENT SHOWS	TESTING FEES DUAL ENROLLMENT FEES  ID FEES LOST TEXTBOOK FEES				
GATE ENTRY FEES	CLUB DUES LOST LIBRARY BOOK FEES				
DANCE/PROM	AFTER SCHOOL CARE LIBRARY LATE FEES				
OTHER					
Currency/Coins					
Approved Fundraiser/Sales Application (Laserfiche)	FIND				
Completed Ticket/Bracelet Sales Template					
Ticket Stubs (if Tickets used)	CHANGE BOY FUNDS				
BOOKFAIR	CHANGE BOX FUNDS				
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.					
Currency/Coins Approved Fundraiser/Sales Application (Laserfiche)	DETUDNED				
Daily Cash Register Report	RETURNED				
UNSUSED TRAVEL MONEY					
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	ПЕРЕ				
Currency/Coins	NO CHECKS/NO MONEY ORDERS/ETC.  HERE				
Copy of Approved Purchase Order					
Original Receipts					
Copy of Original Receipts  Completed Original Student Meal Advance Template					
Copy of the Student Meal Advance Template	undraiser/Sales Application (Laserfiche)				
FOR FOOD SALES	Receipts (For collections over \$5 each payment)				
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	Yellow Carbonless Copy				
CONCESSIONS	Completed Receipt Tally Template Daily Collections Report (ONLY S5 or less per payment)				
EXEMPT DAYS	Completed Inventory Sales Template				
OTHER	WHEN BUSINESS PAY WITH CASH AND CHECKS				
	NO PERSONAL CHECKS (NO EXCEPTIONS!)				
Currency/Coins	SELECT ONE				
Approved Fundraiser/Sales Application (Laser)	COMMISSION CHECKS				
CHANGE BOX FUNDS RETURN (3/2)	ATHLETIC/UIL/CHESS TOURNAMENTS RENTALS				
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.	OTHER				
Currency/Coins					
Approved Fundraiser/Sales Application (Laserfiche)	Currency/Coins				
DONATIONS	Approved Fundraiser/Sales Application (Laserfiche)				
ONLY CASH/NO CHECKS/NO MONEY ORDERS/ETC.  Currency/Coins	Original Receipts (For collections over \$5 each payment)  Yellow Carbonless Copy				
Original Receipts (For collections over \$5 each payment)	Completed Receipt Tally Template				
Yellow Carbonless Copy	Business Checks (When applicable)				
Completed Receipt Tally Template	Check Copies				
Business Checks (When applicable)					
Check Copies	I				
Signed Donation Form Copy of Signed Donation Form	Sponsor Signature Verification: Date				
OPTIONAL DOCUMENTION					
Letter, etc (Additional Back up if applicable)	Bookkeeper/Secretary Verification: Date				

#### **Laserfiche Fundraiser/Sales Application**

Sales	Empleson is our freelither
SUBMIT APPLICATION FOR APPROVI	AL TWO WEEKS BEFORE SALES START DATE
Fundraiser Type *	
Event Number*	Is this event JHS/HS Athletics-related?"
○ Fundraiser #1 ◎ Fundraiser #2 ○ Non-Fundraiser	○ Yes ⊕ No
Are you using My School Bucks?"	
○ Yes ⊗ No	
Campus*	Organization*
Snayland HS	TxPSTA-CTSO Law Entorcement
Activity Acet No	Req#
868.1, 00.2191.97.001.0.00.000	55%
Sponsor*	Club President®
Nydia K Gonzalez	Victoria Ledwinger
Beginning Sales Date*	Ending Sales Date*
64042023	60/06/2023
Description of Activity/Product(s)	
Biz Ocampo-Big Kaltuna cookies. Variety of cookies, box of 35 cooki	MG.
Benefit and Purpose*	
Pundtasser for scholarshops, uniforms, club shirts and CTSO end of y	ear banquet
Location*	Vendor Name
Sharyland High School	Biz Ocampo-Big Kahuna
Estimated Revenues*	Cost Per Item (if applicable)
\$ 0.00	1 2,00
Estimated Expenses*	Sales Price Per Item (if applicable)
8 1,200.00	8 2.00
Estimated Profit	Commission % (if applicable)
\$ -1,200.00	0.00
SHARYLAND INDEP	ENDENT SCHOOL DISTRICT
Responsibilities of Activity Fund Sponsors	
are to used to finance activities that supplement the District's educational experience of students and will not conflict with	ands by student groups is for the direct benefit of the students. Fuh a educational program. Fundraising activities will contribute to the the listinctional program. Money raised by student groups and pondor of a student group is responsible for maintaining adequate ney received by and disbursed from organizations accounts.
I hereby admowledge that I have read the Shanyland Indepo am responsible for complying with It. In particular, I acknowle	endent School District Activity Fund Accounting Handbook and that edge that:
1. Develop fundations activities and test them accorded in ad-	transa ha the intention spins the design shall from

#### **Sponsor Tabulation Sheet**

					DENT SCHOOL DIS		
DATE:							
ORGANIZATION:							
ACCOUNT NUMBER:							
CL	JRRENCY / COI	NS		1	BUSINESS CHECKS/N NO PERSON	MONEY ORDER/O	
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:					ADDITONAL CHECKS MAY	BE ADDED ON TH	IE CHECK TAB
TOTAL COINS :					TOTAL CHECKS (ATTACH CO	OPIES):	
TOTAL CURREN	ICY & COINS			1	TOTAL CURRENCY + COI	NS + CHECKS =	
RECEIPTS COLLECTED	FOR WHAT PURPO	SE:		_			
LUEDEDY A CKNIGHT	EDGE DELIVERY OF F	TINDS IN	ITACT:		LUEBERY A CYNIONI EDGE	PECEINT OF FUNE	OC INITA CT
THEREBY ACKNOWL	HEREBY ACKNOWLEDGE DELIVERY OF FUNDS INTACT: I HEREBY ACKNOWLEDGE RECEIPT OF FUNDS INTACT						
SIGNATURE OF SPON	ISOR/COLLECTOR				SIGNATURE OF BOOKKEEPI	R/SECRETARY	-

2. I am responsible for both eatingsording shill a	scourting for funds received from unitide on behalf of students.
3, I wit cafeguard activities funds until trey are	departed with the sames processor designee.
A All the comprehen of an functioners fire bases	Dummary Report wit be completed and quantified to the principal for approval.
<ol> <li>All purchases made on seturif of the elugant: administration using the Dayward Requestion</li> </ol>	organization will be made by sheck and approved in advance by the principal and finance by time.
6. At food less torverage fund-cases:	
	ammen et of the actions day (seet best) such mininget of the serving area during disc missi service
7. I with maintain a policitive dutarise on my organi	NUMBER'S ADMINIST AS AS STORM.
ery) and cash collections must be a signed to authorities from	age of membership another grad in the community. I assign responsibility for the Saws The committee of color finding to the Business Children witho 2 selects of the competition of this fundamental.
any and sain consisters recover I agree to quarte the final Sponsor Signature	nour files to the Supress Office within 2 weeks after completion of this bendayue.  Distore  \$4.91,032.0
Sponsor Signature  Olympia (A. Elmondo)	roar Marau to the Suuresco Diffus within 2 areas after completion of this buildysses.  Cluster
Sponsor Signature  Obelia CElmonia  Prinsipal I Abbelic Coordinator Signature  Os Ober Gazza	roue fiscal to the Sucresci Diffus within 2 arens after compression of this bendayues.  Duste 64.93.0323
Sponsor Signature  Olytine (C. Emecube  Evissipal / Athletic Coordinator Signature  Osc Ofner Gessa  Final Approver Signature	Dute S4110023  Dute S4110023  Cute
Sponsor Signature  Olysin (A. Elmondo)  Frienigal / Abbelie Coordinator Signature  Osc Oline Channa	Date 54110023  Date 64110023  Date 64110023
Sponsor Signature  Olytine (C. Emecube  Evissipal / Athletic Coordinator Signature  Osc Ofner Gessa  Final Approver Signature	Dute S4110023  Dute S4110023  Cute

#### **Purchase Order (Original)**

PO DATE 04/09/2023

PRINTED 04/26/2023

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



PAGE 1 OF 1

PURCHASE ORDER NUMBER

0012300660

VENDOR KEY : BARBOROBO0
SHIP DATE : 0409/2023

FISCAL YEAR : 2022-2023

ENTERED BY : BARBOROBO0
ORIGINAL REQ # : 0000207524

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 PAPERHORS ATTACHED BRA JOZJ MARTICHAL LEADERSHIP CONFERENCE IN ANAMENT, CALIFORNIES FACER APRIL 15, 2023 TO APRIL 30, 2023 AT THE AMOUNT OF \$100.00 INCIDENTALS FOR THAM MEASE, TIPS, MISCILLIANDOUS BERGENINY FUNDS, MOSPITATITY ITEMM, PARKING FEES, TAXI, SHIPPING FEES, ETC. FROM OUR PAR STUDIES ACTIVITY GUILD.	100.00000	1,000.00
		ACCOUNT SUBMARY (FOR INTERNAL USE) ACCOUNT NUMBER ACCOUNT 1,000.00 1,000.00		
		FURCHASE ORDERS VALID FOR 90 DAYS. NO BACK ORDERS.		
		al Taxes are not applicable to public school purchases	PAGE TOTAL	1,000.00
Fed Id # 74-6		www.sharylandisd.org under Purchasing Dept.	TOTAL	1,000.00

PURCHASE APPROVED BY:

Director of Finance