Yellville-Summit School District
Itemization of Deposit

Group Name: _____ Acct Number: _____

Sponsor Name (Please Print):

Itemization of Deposit:				
Student or Parent Name:	Reason Paid	Cash	Check	Total
Grand Total		$	$	$

(attach additional pages, if necessary)

(A)

Deposit Itemization:

Cash $
Coin $
Checks $
Total Deposit $ _____ Must balance with (A)

Sponsor Signature (Date)

Administrator Signature (Date)