DEPOSIT FORM

Student Activity Fund – Jackson County Central Schools

Date: _____

Please Deposit $_____

Account: _____ Building: HS MS PLSV RVS

Description of Deposit: _____

_____

_____

_____

_____

☐ **Check the box if this a donation that needs to be acknowledged at the next School Board Meeting.**

☐ **Check the box if this money needs to be earmarked specifically for a future expense.**

From: _____
(Signature)

_____

Office Only:

***Date Deposited:*_____**

Recorded: **Quickbooks___ Excel____ Google Docs____**