CLAUDE ISD
FUNDRAISING COLLECTIONS RECORD

CAMPUS:				**CLUB:**			
FUNDRAISER:				**DATES:**			
DATE RECEIVED	**STUDENT NAME**	**AMOUNT COLLECTED**	**CASH**	**CHECK**	**RECEIPT NUMBER**	**DATE DEPOSITED**	**COMMENTS**
TOTAL		**0**	**0**	**0**			

SPONSOR SIGNATURE: _____ DATE:_____