

**CLAUDE INDEPENDENT SCHOOL DISTRICT
TRANSMITTAL LIST
MONEY COLLECTED FROM STUDENTS**

CAMPUS: _____

SPONSOR: _____
Print Name

CLUB: _____

DATE: _____ **ROOM #:** _____

PURPOSE: _____

	STUDENT NAME	AMOUNT	STUDENT SIGNATURE
1.			
2.			
3.			
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21.			
22.			

TOTAL COLLECTED: \$ _____ RECEIPT NUMBER: _____

Sponsor Signature/Date

Bookkeeper Signature/Date