

**CLAUDE INDEPENDENT SCHOOL DISTRICT  
TRANSMITTAL LIST  
MONEY DISBURSED TO STUDENTS**

**CAMPUS:** \_\_\_\_\_

**SPONSOR:** \_\_\_\_\_

Print Name

**CLUB:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **ROOM #:** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

	STUDENT NAME	AMOUNT	STUDENT SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

TOTAL DISBURSED: \$ \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Sponsor Signature/Date

\_\_\_\_\_  
Bookkeeper Signature/Date