

EAST RUTHERFORD PUBLIC SCHOOL DISTRICT
BOARD OF EDUCATION
100 Uhland Street
East Rutherford, NJ 07073

Student Account Deposit
Submission of monies must be within *48 hours* of collection

Activity: _____

Collected by: _____

Date collected: _____

Dollars:

Ones _____

Fives _____

Tens _____

Twenties _____

Fifties _____

Hundreds _____

Coins:

Quarters _____

Dimes _____

Nickels _____

Pennies _____

Checks:

(copy checks & attach to this form)

No. being submitted _____

TOTAL \$: _____

TOTAL \$: _____

TOTAL \$: _____

Total Being Submitted: _____ Submitted by: _____
staff & students initials

Accepted by: _____ Date: _____ Receipt # _____

Principal's Approval _____ (Before Submitting to BOE Office)

When Submitting to BOE Office Make a Copy of Form for your Records

Funds Collected from Students
This form must be attached to deposit form

School: _____

| STUDENT NAME | CASH AMOUNT | CHECK AMOUNT | CHECK NUMBER |
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| TOTALS | \$ | \$ | # SUBMITTED - |