Jordan High School
Student Activity
Deposit Slip

Student Activity Account:

Event:

Date of Event:

	Dollar Amount	
Coins	$	
Currency	$	
Total Cash	$	
Total Checks	$	
Total Deposit	$	

Signature #1: _____

Printed Name: _____

Signature #2: _____

Printed Name: _____

For District Office Use Only:
Date Received: _____   Total Deposit: _____
Course Code: _____