

# Stone Memorial High School



## Collections Report

Date \_\_\_\_\_

Purpose Collected \_\_\_\_\_

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Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Cash Total \_\_\_\_\_

Checks Total \_\_\_\_\_

Total Deposit \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Bookkeeper Initials \_\_\_\_\_