

*Housatonic Valley Regional High School
Falls Village, CT*

STUDENT ACTIVITY - DEPOSIT RECORD

Name of Organization: _____
Type of Activity: _____
Amount of Deposit: \$ _____
Student Officer: _____
Signature _____ *Date* _____
Advisor: _____
Signature _____ *Date* _____
Faculty/Staff: _____
Signature (if necessary) _____ *Date* _____

A second signature of a faculty/staff member is necessary if a student officer is not available to sign the deposit form. The signature represents that the money (cash and checks) was counted and the figure equals the money being deposited. No deposits will be received by the Business Office without at least two signatures.

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