

INDEPENDENT SCHOOL DISTRICT 196
 Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 604.1.1P Adopted November 2017 Revised March 2021

Title **Participant Acknowledgement of Cash Receipt Form**

Activity _____ Activity date _____ Total \$ given to each participant _____

Coach/Advisor _____ # of participants _____ Check request date _____

(This form must be signed by all participants receiving cash, **including coaches/advisors.**)

My signature below indicates that I have received \$15.00 cash to be used for meals (or other amount approved by the Superintendent) while attending the above activity on the date indicated. I will return any remaining cash to the appropriate coach/advisor to deposit in the district's account.

	Participant Name	Grade	Signature	Returned \$
1				
2				
3				
4				
5				
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25				

Coach/Advisor: Within two weeks of returning from the activity, return to Accounts Payable: 1.) This form; and 2.) any unspent/returned funds using a personal or cashier's check.