

CVHS Instrumental Music STUDENT DEPOSIT SLIP

Date: _____

Period: _____ Student Name: _____ Grad Yr: _____ ID #: _____

First

Last
(circle one)

Deposit Amount: _____ Cash | Check | Student Credit Check # _____
_____ Cash | Check | Student Credit Check # _____
_____ Cash | Check | Student Credit Check # _____

Total Amount: \$ _____
(Total amount deposited)

For combinations of cash, checks and student credits, please list each type above. Use the back if necessary.

Purpose of Deposit: _____

Office use: Checked In By: _____

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