

**AUXILIARY OPERATIONS / STUDENT ACTIVITIES
CHANGE FUND RECEIPT**



COMPLETE WHEN CHANGE FUND ISSUED

Check #: _____

Date: _____

Dollar amount to be issued: \$ _____

School Site: _____

Account Name: _____

Account Number: _____

Change fund amount issued for check #: _____

Club Officer/Sponsor Signature

Date

COMPLETE WHEN CHANGE FUND RETURNED

Change fund amount returned for check #: _____

Dollar amount: \$ _____

Cash Received By: _____

Student Activities/Auxiliary Operations Specialist

Date