Reset

# DOUGHERTY COUNTY SCHOOL SYSTEM
## ACTIVITY ACCOUNT

Exhibit #9

## CASH COLLECTION FORM

**TEACHER'S NAME:** _____

**APPROVED ACTIVITY DESCRIPTION:** _____

| DATE | RECEIVED FROM | AMOUNT |
|---|---|---|
| | | $ |
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| | **TOTAL AMOUNT COLLECTED** | $ 0.00 |

**** Separate Cash Collection Form for each approved activity ****