



Student Activity Account Deposit Form

District Finance Division – Central Office

SECTION A: School Information

School Name	
Date of Deposit	
Prepared By (Name)	
Position	
Phone/Email	

SECTION B: Deposit Details

Activity or Fund Name	
Source of Funds (e.g., fundraiser, dues, field trip)	
Total Deposit Amount	\$
Payment Breakdown	Checks: \$_____ Other: \$_____
Number of Checks	

SECTION C: Documentation Checklist

☒ Attach all applicable supporting documents:

- ☐ Copy of receipts or ticket logs
- ☐ Check copies
- ☐ Activity approval or fundraiser form (if required)
- ☐ Other: _____

SECTION D: Verification and Approval

Verified By (Name)	
Signature	
Principal or Designee Name	
Signature	

Date: _____

REMINDER

 Deposits must be submitted next day of collection.

Hours of operation: 9a-5p

Submit a scanned copy of this form and supporting documents to:

 Email: Studentactivities@slps.org



SECTION E: For Central Office Use Only

Date Received	
Received By	
Amount Verified	\$
Posted to Account Code	

Confirmation Sent to School? ☐ Yes ☐ No Date: _____

REMINDER

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