

## FUNDS RECEIVED

### School Generated Funds

## ACCESSIBILITY:

**To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.**

Staff and Primary Contacts of School Activities are responsible for the collection and submission of funds and the completion of this form. All funds shall be submitted **directly** to the Administrative Assistant / Finance Administrative Assistant with a completed Funds Received (form APB004-01F). Funds will **not** be accepted without a completed form.

### To be Completed by Staff and Primary Contacts of School Activities

Funds Submitted By (Please Print)

Grade and Room #

Source or Purpose of Funds (e.g. Grade 8 trip to Ottawa)

Date of Activity

Signature of Person Submitting Funds

Collection Date

### Collections:

Bills		
	Qty	Amount
\$5		
\$10		
\$20		
\$50		
\$100		
Total:		

Rolled Coin		
	Qty	Amount
1¢		
5¢		
10¢		
25¢		
\$1		
\$2		
Total:		

Loose Coins		
	Qty	Amount
1¢		
5¢		
10¢		
25¢		
\$1		
\$2		
Total:		

<b>Corporate Cheques</b>		
<b>Qty</b>	<b>Amount</b>	<b>Total</b>
<b>Total Cheques:</b>		
<b>Received from (detailed):</b>		<b>Amount</b>
<b>Use blank sheet if additional space is required</b>		
<b>Total Cheques:</b>		

## Summary

Summary	
Total Bills	
Rolled Coin	
Loose Coin	
Cheques	
Total Collected:	

**Funds to be Deposited to:**

School Generated Funds / School Council

Category:



## FUNDS RECEIVED FORM School Generated Funds

### To be Completed by the Administrative Assistant / Finance Administrative Assistant

The Administrative Assistant / Finance Administrative Assistant must recount all funds submitted with this form to verify the amount collected. Once verified, the recounted amount is to be recorded in the space provided with Administrative Assistant / Finance Administrative Assistant sign-off below. Where a difference exists, a third person must verify the difference and sign-off on the difference below.

Deposit #:

Cost Recovery? (Select Yes to apply cost recovery **before** typing an amount in "Actual Amount Counted")

Actual Amount Counted:

Difference:

\_\_\_\_\_  
Received and Counted by (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Difference Verified by (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Someone other than the counter*

### Deposit to be entered to:

Category Information:

Amount

School Generated Funds / School Council Category: \_\_\_\_\_

Cost Recovery (4.5%)

### Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer the School Generated Funds and Fundraising programs. Questions regarding the collection of this information should be directed to the Executive Assistant – Corporate Services.

To be Completed by: Staff and Primary Contacts of School Activities

Description of Use: Original: Current-Year School Generated Fund Records (Retain: Current + 6 Years)