

INDEPENDENT SCHOOL DISTRICT 196  
 Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 604.1.1P Adopted November 2017 Revised \_\_\_\_\_

Title **Participant Acknowledgement of Cash Receipt Form For Tournament Meals**

Activity \_\_\_\_\_ Activity date \_\_\_\_\_ Total \$ given to each participant \_\_\_\_\_

Coach/Advisor \_\_\_\_\_ # of participants \_\_\_\_\_ Check request date \_\_\_\_\_

(This form must be signed by all participants receiving cash, **including coaches/advisors.**)

My signature below indicates that I have received \$15.00 cash to be used for meals while attending the above activity on the date indicated. I will return any remaining cash to the appropriate coach/advisor to deposit in the district's account.

	Participant Name	Grade	Signature	Returned \$
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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14				
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16				
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22				
23				
24				
25				

**Coach/Advisor:** Within two weeks of returning from the activity, return to Accounts Payable: 1.) This form; and 2.) any unspent/returned funds using a personal or cashier's check.