

**POINT ISABEL INDEPENDENT SCHOOL DISTRICT  
TRANSMITTAL LIST  
MONEY COLLECTED FROM STUDENTS**

**CAMPUS:** \_\_\_\_\_

**SPONSOR:** \_\_\_\_\_  
Print Name

**CLUB:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **ROOM #:** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

	STUDENT NAME	AMOUNT	STUDENT SIGNATURE
1.			
2.			
3.			
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22.			

TOTAL COLLECTED: \$ \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Sponsor Signature/Date

\_\_\_\_\_  
Bookkeeper Signature/Date