

**COOLIDGE UNIFIED SCHOOL DISTRICT #21
AUXILIARY OPERATIONS/STUDENT ACTIVITIES
CHANGE FUND RECEIPT**

Complete when change fund issued:

Check #: _____

Date: _____

Dollar amount to be issued:

School Site: _____

\$ _____

Account Name: _____

Account Number: _____

Change fund amount issued
for check #: _____

Club Officer/Sponsor Signature

Date

Complete when change fund returned:

Change fund amount returned
for check #: _____

\$ _____

Cash Received By:

Student Activities/Auxiliary Operations Specialist

Date