CHICAGO PUBLIC SCHOOLS | CPS

Payor List
(FOR USE WHEN COLLECTING FUNDS OF THE SAME AMOUNT)

Purpose of the Collection: _____

Account to be Credited: _____   Treasurer's Receipt #: _____

School Name:_____   Date of Deposit: _____

Student Name (Last, First)	Amount Collected	Date of Collection
Total Number of Students	**Total Amount Collected**	**Signature of Staff Member Collecting Money**
0	0	

(Rev 8/11