

**MESA PUBLIC SCHOOLS
WEEKLY PAID OUT FORM**

SCHOOL: _____ C/S #: _____

DATE of PAID OUT	B/S MGR INITIALS	ORIGINAL RECEIPT NUMBER	AMOUNT PAID OUT	ACCOUNT NUMBER	REASON FOR PAID OUT	PRINT STUDENT'S NAME	STUDENT'S SIGNATURE

TOTAL \$ _____

Send original form to Student Activities with the corresponding Weekly Cash Summary. Keep a copy on file at the Bookstore with copy of corresponding Cash Summary.