

**ELEMENTARY CAFETERIA DEPOSIT SLIP**

DATE \_\_\_\_\_

ROOM #	FIRST NAME	LAST NAME	AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CHECK  CASH  TOTAL DEPOSIT \$ \_\_\_\_\_

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DATE \_\_\_\_\_

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_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
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