

CHS ASB GROUP COLLECTION REPORT

DATE: _____ ORGANIZATION: _____

ACTIVITY: _____ PRICE PER ITEM: \$ _____

Student's Name	Item(s) Received	Amt. Turned in/ Product Returned	Student's Intitals	
			1st	2nd
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Total Amount Collected: \$ _____

ASB Master Receipt # _____ Amount Deposited by ASB Bookkeeper: \$ _____

Adviser's Signature _____ ASB Bookkeeper's Intiials _____

Original: ASB Bookkeeper

Copy: Advisor