

# SAMI'S CAFETERIA

## Deposit Slip

Date \_\_\_\_\_

**Student Information:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Amount Paid \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Amount Paid \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Amount Paid \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Amount Paid \_\_\_\_\_

**Total Amount Paid** \_\_\_\_\_

Check # \_\_\_\_\_