

SANTA GERTRUDIS INDEPENDENT SCHOOL DISTRICT

STUDENT ROSTER

PURPOSE OF TRIP _____

DATE _____

LIST OF STUDENTS

STUDENT SIGNATURE

- 1 _____
- 2 _____
- 3 _____
- 4 _____
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SPONSORS/COACHES _____

BUS DRIVER _____

AMOUNT OF CHECK (if issued): = \$ _____

TOTAL AMOUNT SPENT / CHARGED: = \$ _____

DIFFERENCE: = \$ _____

****ATTACH TO PINK COPY OF PURCHASE ORDER AND RETURN TO BUSINESS OFFICE WITH RECEIPTS****

