

**HAZLEHURST CITY SCHOOL DISTRICT**  
**119 Robert McDaniel Drive**  
**Hazlehurst, MS 39083**

**Mr. Cloyd Garth Jr., Superintendent**

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## REQUEST FOR PERMISSION TO COLLECT MONEY

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_

Dates to Collect Money: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Request #: \_\_\_\_\_

Purpose for Collecting Money: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount to be Collected: Total \$ \_\_\_\_\_ Per Student \$ \_\_\_\_\_ No. of Students \_\_\_\_\_

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Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Approved

\_\_\_\_ Denied: \_\_\_\_\_  
(Reason)

Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

### Reconciliation

(to be completed on last day of collections)

Actual Collections (No. of Students \_\_\_\_\_ \*\$ \_\_\_\_\_) \$

Received at Central Office \$

Difference \$