

NORTH STONINGTON P T O {CASH BOX REQUEST FORM}

Your Name: _____

Phone Number: () -

Form Submission Date: / /

Cash Box Needed By: / /

Total Amount Needed: \$ _____

Change Requested

CASH	QUANTITY	TOTAL
\$20.00		
\$10.00		
\$5.00		
\$1.00		
\$0.25		
\$0.10		
\$0.05		
\$0.01		
Total Cash: \$		

IMPORTANT

Have an authorized volunteer verify the cash in the box before the event begins. Sign Below. At the end of the event, an authorized volunteer should count the remaining cash, record it on a Deposit Notice form, and turn it over to the treasurer to be deposited.

Approved by (Committee Chair Person): _____

Date Signed: _____

/ /

Approved by (Treasurer): _____

Date Signed: _____

/ /

Verified by Event Volunteer: _____

Date Signed: _____

/ /

Treasurer's Use Only

Budget Line Item _____ Logged _____