

# Steilacoom High School

## Cash Box Request

Club/Group/Sport: \_\_\_\_\_

Person responsible for pick up: \_\_\_\_\_

Event/Purpose: \_\_\_\_\_

Amount: \_\_\_\_\_ Date(s) needed: \_\_\_\_\_

Bills	Count	Amount
\$1		
\$5		
\$10		
\$20		
\$50		
\$100		
<b>Total</b>		

Rolled Coins	Count	Amount
pennies		
nickels		
dimes		
quarters		
<b>Total</b>		

**\*\*NOTE: Denomination total must match total amount requested\*\***

Approved by (ASB Advisor): \_\_\_\_\_ Date: \_\_\_\_\_

Approved by (ASB Officer): \_\_\_\_\_ Date: \_\_\_\_\_