



**BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL ASB
CASH BOX REQUEST**

Club/Account Name: _____
 Today's Date: _____
 Advisor Responsible: _____
 Date Box is Needed: _____
 Activity/Event: _____

AMOUNT REQUESTED	
Fives	\$ _____
Ones	\$ _____
Quarters	\$ _____
Total	\$ _____

Do you need tickets? YES / NO (circle one)

Ticket price \$ _____

This request must be received in the ASB Office at least three (3) days in advance!!!

No purchases or payments may be made from this cash box. All sales must be deposited in full.
NO EXCEPTIONS
 All purchases must be made on the appropriate form through the ASB Office. If you have an emergency and need an immediate purchase, you must make purchase with your own money and submit receipts to the ASB Office for reimbursement.

Cash Received by: _____ Date: _____