LINCOLN ACADEMY PTO EVENT CASH BOX FORM



CASH BOX REQUEST

** PLEASE ALLOW I WEEK PRIOR TO EVENT FOR TREASURER TO FILL CASH BOX REQUEST

DATE SUBMITTED:	DATE NEEDED:
YOUR NAME:	PHONE/E-MAIL:
EVENT:	TOTAL AMOUNT NEEDED: \$

MONEY REQUESTED:

CASH/COIN	QUANTITY	TOTAL
\$ 20.00		
\$ 10.00		
\$ 5.00		
\$ 1.00		
\$ 0.25		
\$ 0.10		
\$ 0.05		
TOTAL	CASH	

Have an authorized volunteer verify the cash funds in the box BEFORE the event begins and SIGN BELOW. At the end of the event, an authorized volunteer should count the remaining cash, record it on the Deposit Form (back side) and verify the cash box balance by signing below. Turn this form with the cash box to the PTO Treasurer to be deposited.

VERIFIED BY EVENT VOLUNTEER (BEGINNING OF EVENT):	DATE:
VERIFIED BY EVENT VOLUNTEER (END OF EVENT):	DATE:
ACCEPTED BY PTO TREASURER	DATE:

DEPOSIT NOTICE

DATE :	
YOUR NAME:	PHONE/E-MAIL:
EVENT:	TOTAL AMOUNT TO BE DEPOSITED: \$

Complete the following information for your deposit and attach the cash and any checks to this worksheet

CASH/COIN	QTY	TOTAL
\$ 20.00		
\$ 10.00		
\$ 5.00		
\$ 1.00		
\$ 0.25		
\$ 0.10		
\$ 0.05		
\$ 0.01		
TOTAL CAS	SH	

LAST NAME	CHECK AMOUNT

VERIFIED BY EVENT VOLUNTEER (SIGNATURE):	DATE:
ACCEPTED BY PTO TREASURER	DATE: