Bridgeport Independent School District
Cash Box Count Form

This side of form must be filled out prior to each event.

Beginning Count

Date: _____

Activity: _____

Person providing starting cash box:

_____

Amount of Starting Cash:

$_____

Denomination	Count	Amount
$1.00	X	$
$5.00	X	$
$10	X	$
$20	X	$
$50	X	$
$100	X	$
$0.25 (quarters)	X	$
$0.10 (dimes)	X	$
$0.05 (nickels)	X	$
$0.01 (pennies)	X	$
Total Cash		$

Signature of Person Receiving Cash Box

Print Name and Title

This side of form must be filled out following each event.

Ending Count

Date: _____

Activity: _____

Person returning cash box:

_____

Amount of Starting Cash:

$_____

Denomination	Count	Amount
$1.00	X	$
$5.00	X	$
$10	X	$
$20	X	$
$50	X	$
$100	X	$
$0.25 (quarters)	X	$
$0.10 (dimes)	X	$
$0.05 (nickels)	X	$
$0.01 (pennies)	X	$
Total Cash		$

Signature of Person Receiving Cash Box

Print Name and Title