

NORTH MONTEREY COUNTY HIGH SCHOOL

Request for Cash Box

This form must be turned into the ASB Accountant **two (2) days** before the cash box is needed.

Club/Organization: _____ Advisor: _____

Date form completed: _____ Date Cash Box needed: _____

Reason cash box needed: _____

Amount and denominations requested (for example: \$100 in \$5 and \$1 bills): _____

Club Advisor Signature: _____ Date: _____

ASB Accountant Signature: _____ Date: _____

Any questions please email ASB Accountant II Rosie Rios to rosie_rios@nmcusd.org. Please turn in the original request to Room 2 or Mrs. Lowensen Box.