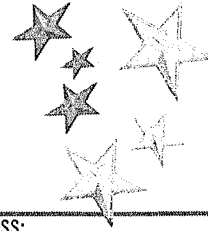


Symmes Elementary PTO

Cash Box Request



YOUR NAME:		PHONE OR EMAIL ADDRESS:	
COMMITTEE OR PROJECT:		TOTAL AMOUNT NEEDED: \$	
DATE SUBMITTED:		DATE NEEDED:	

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR YOUR CASH BOX REQUEST:

CASH	QUANTITY	TOTAL
\$100.00		\$
\$50.00		\$
\$20.00		\$
\$10.00		\$
\$5.00		\$
\$2.00		\$
\$1.00		\$
	TOTAL CASH	\$

COIN	QUANTITY	TOTAL
\$1.00		\$
\$0.50		\$
\$0.25		\$
\$0.10		\$
\$0.05		\$
\$0.01		\$
	TOTAL COIN	\$

APPROVED BY COMMITTEE CHAIRPERSON: (SIGNATURE REQUIRED)	DATE:
VERIFIED BY EVENT VOLUNTEER: (SIGNATURE REQUIRED)	DATE:

NOTE: AT THE END OF AN EVENT, AN APPROPRIATE VOLUNTEER SHOULD COUNT THE CASH AND SUBMIT TWO "DEPOSIT RECORD" FORMS TO THE PTO TREASURER. ONE RECORD WILL REFLECT THE RETURN OF THIS CASH BOX MONEY, THE OTHER WILL REFLECT ANY EVENT PROCEEDS.

FOR TREASURER'S USE ONLY:	ACCOUNT # _____	CHECK # _____	DATE _____
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