CASH BOX REQUEST

Angell Elementary PTA

Complete one form per cash box

NAME: _____

PHONE: _____

EVENT/PROJECT: _____

DATE: _____

AMOUNT NEEDED: _____

CHANGE REQUESTED:

Cash	Qty	Total
$1		
$5		
$10		
$20		
TOTAL CASH:		

Have an authorized volunteer verfiy th
cash in the box before the event begins
Sign below. At the end of the event, a
authorized volunteer should count th
remaining cash, record it on a deposi
notice form and turn into the treasurer fo
deposit.

APPROVED BY: (PTA OFFICER) _____ DATE: _____

VERIFIED BY VOLUNTEER: _____ DATE: _____