

Greenfield PTA Cash Box Request & Start Up Form

THIS REQUEST FORM MUST BE SUBMITTED TO THE TREASURER
ONE WEEK IN ADVANCE OF THE EVENT

Date: _____

Name: _____

Phone: _____ and/or Email: _____

Submitting request for _____ Date of Event _____

Event Name

| | |
|---|----------|
| REQUESTED AMOUNT: \$ _____ Please specify how much of each you will need in the cash box | |
| Bills | |
| Ones | \$ _____ |
| Fives | \$ _____ |
| Tens | \$ _____ |
| Twenties | \$ _____ |
| | |
| Coins | |
| Pennies | \$ _____ |
| Nickels | \$ _____ |
| Dimes | \$ _____ |
| Quarters | \$ _____ |

Treasurer Use

Cash On Hand \$ _____

Withdrawn from Bank \$ _____

| | | |
|---|--------------------|-----------------|
| START UP FUNDS IN CASH BOX <i>To Be Filled Out By Treasurer</i> | | |
| Bills | | |
| Ones | \$ _____ | |
| Fives | \$ _____ | |
| Tens | \$ _____ | |
| Twenties | \$ _____ | |
| | Bills Total | \$ _____ |
| | | |
| Coins | | |
| Pennies | \$ _____ | |
| Nickels | \$ _____ | |
| Dimes | \$ _____ | |
| Quarters | \$ _____ | |
| | Coins Total | \$ _____ |
| | | |
| Total Start Up Amount in Box | | \$ _____ |

Funds provided by PTA: \$ _____ by _____

Start Up Amount Verified by: _____

Sign, date and leave form in the cash box

Individual receiving cash box funds at end of event: _____

Signature and date of individual receiving

Date withdrawn money returned to bank _____

Attach Bank Withdrawal Slip to back of form (if applicable)