

**Rev 1/20**

|  |  |
| --- | --- |
| Start Up Amount Verified by Treasurer: |  |
|  | *Signature & Date* |
| Individual receiving cash funds at end of event: |  |
|  | *Signature & Date* |

|  |  |
| --- | --- |
| **Total Start Up Amount in Cash Box** | $ |

|  |  |  |
| --- | --- | --- |
| Treasurer's Use **Start Up Funds in Cash Box** | | |
| **Bills** | **Quantity** | **Amount** |
| Ones |  | $ |
| Fives |  | $ |
| Tens |  | $ |
| Twenties |  | $ |
| **Bills Total** | | $ |
| **Coins** |  |  |
| Pennies |  | $ |
| Nickels |  | $ |
| Dimes |  | $ |
| Quarters |  | $ |
| **Coins Total** | | $ |

|  |  |
| --- | --- |
| **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 | $ |

Submit this request to the school Treasurer one week in advance of the event

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  |  |  |
| Name: |  |  |  |  |
| Phone: |  | and/or | Email: |  |
| Event Name: |  | Event Date: |  |  |

Evergreen Cash Box Request Form