

**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