



Jackson High School ASB Office

Cash Box Request

Activity: _____ Club/Athletic Team: _____

Date of Event: _____ Time of Event: _____

Date & Time Cash Box will be picked-up: _____

Person who will pick-up Cash Box: _____

Cash Request (in Dollars)

Tens \$ _____

Fives \$ _____

Ones \$ _____

Quarters \$ _____

Initial Count (in ASB Office)

Tens \$ _____

Fives \$ _____

Ones \$ _____

Quarters \$ _____

Starting Cash Total\$ _____

Advisor/Coach Signature: _____ Date: _____

Last Day Cash Box will be needed: _____

Cash Box Must Be Counted & Turned in Daily!