



Evergreen Cash Box Request Form

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

Date: _____

Name: _____

Phone: _____ and/or Email: _____

Event Name: _____ Event Date: _____

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	\$

<u>Treasurer's Use</u> Start Up Funds in Cash Box		
Bills	Quantity	Amount
Ones		\$
Fives		\$
Tens		\$
Twenties		\$
Bills Total		\$
Coins		
Pennies		\$
Nickels		\$
Dimes		\$
Quarters		\$
Coins Total		\$

Total Start Up Amount in Cash Box	\$
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Start Up Amount Verified by Treasurer: _____

Signature & Date

Individual receiving cash funds at end of event: _____

Signature & Date