

## REQUEST FOR CASH BOX ~ CAB CALLOWAY SCHOOL OF THE ARTS PTSO

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Needed: \_\_\_\_\_  
(please make request at least one week in advance)

To Be Used For: \_\_\_\_\_

Hand this form in to Treasurer with top portion completed for request

***Before the event begins, please verify the cash in the box (\$50 unless otherwise noted) and fill out the amounts below and sign at the bottom. At the end of the event, an authorized volunteer should ensure that the cash is returned to the box (\$50 unless otherwise noted). Any remaining funds from the event should be recorded on a Deposit Notice form. The cash box and remaining event funds, along with the Deposit Notice, should be returned to the Treasurer within two days of the end of the event.***

**Event Chair:**

**Upon receipt of Cashbox fill out:**

AMT.	X	QTY.	=	TOTAL
\$50	x		=	\$
\$20	x		=	\$
\$10	x		=	\$
\$5	x		=	\$
\$1	x		=	\$
\$0.25	x		=	\$
\$0.10	x		=	\$
\$0.05	x		=	\$
\$0.01	x		=	\$

**Total in Cashbox = \$**

**Upon return of Cashbox fill out:**

AMT.	X	QTY.	=	TOTAL
\$50	x		=	\$
\$20	x		=	\$
\$10	x		=	\$
\$5	x		=	\$
\$1	x		=	\$
\$0.25	x		=	\$
\$0.10	x		=	\$
\$0.05	x		=	\$
\$0.01	x		=	\$

**Total in Cashbox = \$**

Verified by Event Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_  
(PTSO Treasurer)

Date: \_\_\_\_\_