

# Dr. John Hole PTO

## Cash Box Request

Complete one form per cash box.

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Project/Category \_\_\_\_\_

Date Needed (please give 5 business days) \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

### Change Requested:

Cash	
\$ 20 x _____ = _____.	<b>Have an authorized volunteer verify the cash in the box before the event begins. Sign below. At the end of the event, an authorized volunteer should count the remaining cash, and record it on the green Deposit Notice form, and turn it over to the Treasurer to be deposited. The authorized volunteer is responsible for the cash they have received and must return it to the PTO.</b>
\$ 10 x _____ = _____.	
\$ 5 x _____ = _____.	
\$ 1 x _____ = _____.	
\$.25 x _____ = _____.	
\$.10 x _____ = _____.	
\$.05 x _____ = _____.	
\$.01 x _____ = _____.	
<b>TOTAL CASH \$</b> _____	

Approved by PTO Officer \_\_\_\_\_ Date \_\_\_\_\_

Accepted by Event Volunteer \_\_\_\_\_ Date \_\_\_\_\_

For treasurer's use only

Date \_\_\_\_\_

Logged \_\_\_\_\_