

## REQUEST FOR CASH BOX ~ OSGOOD KINDERGARTEN PTO

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 three 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: \_\_\_\_\_

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

(PTO Treasurer)