



Victory Elementary PTO  
**Cash Box Request**

Complete One Form per Cash Box

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

Committee/Event: \_\_\_\_\_

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

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

Specific location for this cash box (e.g.: concessions): \_\_\_\_\_

**For each denomination requested, specify both the number of bills/coins and \$ amount:**

<b>\$10 x</b> _____ = \$	<p><b>Note:</b> Following the event, remaining change and money collected should be recorded on a Deposit Notice form. This should be submitted to the Treasurer with the return of the box.</p> <p><b>At the conclusion of the event, please note the signatures of the two cash box counters below:</b></p> <hr/> <hr/>
<b>\$5 x</b> _____ = \$	
<b>\$1 x</b> _____ = \$	
<b>\$.25 x</b> _____ = \$	
<b>\$.10 x</b> _____ = \$	
<b>\$.05 x</b> _____ = \$	
<b>\$.01 x</b> _____ = \$	
Total for this Cash Box \$ _____	

**Obtain appropriate handwritten signature below prior to submitting to Treasurer:**

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 (PTO Officer/ Committee Chair other than requestor)

**The box must be verified at the time of receipt and signed below:**

Verified by Requestor \_\_\_\_\_ Date \_\_\_\_\_

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For Treasurer's Use Only

Accepted by \_\_\_\_\_ Date \_\_\_\_\_  
 (PTO Treasurer)

Account: Cash box clearing	Dated: _____	Total Wd Amt: _____	Logged
Note: Ensure that cash box clearing account is zeroed out upon recording associated deposit.			