

Green Hope High School PTSA

Cash Box Form

Name of Person Requesting Cash Box: _____

E-Mail: _____ Phone: _____

Committee: _____

Event: _____

Date Box Needed: _____ Expected Return Date: _____

Currency/Coin	Number of Each	Denomination	Total \$
Example: \$1 bills	20	\$1.00	\$20.00
\$1 bills		\$1.00	
\$5 bills		\$5.00	
\$10 bills		\$10.00	
\$20 bills		\$20.00	
Pennies		\$0.01	
Nickels		\$0.05	
Dimes		\$0.10	
Quarters		\$0.25	
	Total Cash Requested		

Approval of Cash Box:

PTSA President Date

PTSA Treasurer Date

PTSA Secretary (please circle)

Cash Amount _____ Plan of Work Approved? _____ Check No: _____

Cash Box Received By:

Print Name Date

Signature of PTSA Treasurer Date

Signature Phone

Audit Committee Reviewed/Approved by initials: _____ Date: _____