

J.B. Nelson PTO Cash Box Request

**Complete One Form per Cash Box needed
Please submit Form at least 1 week prior to event**

Your Name _____ Phone _____

Committee: _____ Date Submitted _____

Date needed: _____ Time needed _____

Location _____
(If more than one cash box is needed for an event, please indicate its location/use, ie. Front hall, gift basket, kitchen, raffles)

Total amount needed: \$ _____

CURRENCY REQUIRED		# OF BILLS	TOTAL \$XXXX.	.00
	\$20			
	\$10			
	5			
	1			
COINS REQUIRED		# OF COINS		
	.25			
	.10			
	.05			
	.01			
		GRAND TOTAL		

Approved by (PTO officer) _____ Date _____

Signature of person accepting and verifying cash box:

_____ Date _____

.....Cut/tear here. Bottom section goes to Treasurer.....

For Treasurer's Use Only

Committee: _____ Location: _____

Check number: _____ Date: _____ Amount _____

Person accepting cash box _____