

J.B. NELSON PTO CASH BOX REQUEST FORM

Complete one form per cash box needed. Please submit form at least 1 week prior to event.

Please contact Treasurer if submitting paper form in PTO bin in school office.

Your name:	Contact phone/email:
Committee:	Event:
Today's date:	Location: (please specify, i.e. front hall, kitchen, raffles)
Event date:	Time needed:

TOTAL AMOUNT NEEDED	\$
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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:
Name/signature of person accepting/verifying cash box:	Date:

*****PTO officer--make copy of this form before giving cash box over*****