



# SAUDER ELEMENTARY PTG | Cash Box Request

YOUR NAME:	PHONE: (            )            -
EVENT:	TOTAL AMOUNT REQUESTED:
DATE SUBMITTED: /            /	DATE NEEDED: /            /

Complete the following information regarding your Change Request.

BILLS	QUANTITY	TOTAL		COINS	QUANTITY	TOTAL	
\$20.00	x	\$		\$0.25	x	\$	
\$10.00	x	\$		\$0.10	x	\$	
\$5.00	x	\$		\$0.05	x	\$	
\$1.00	x	\$		\$0.01	x	\$	
<b>TOTAL BILLS:</b>		<b>\$</b>	<b>+</b>	<b>TOTAL COINS:</b>		<b>\$</b>	
						<b>TOTAL CASH:</b>	<b>\$</b>



PLEASE SUBMIT 1 WEEK PRIOR TO EVENT



APPROVED BY (EVENT CHAIRPERSON):	DATE: /            /
VERIFIED BY EVENT VOLUNTEER:	DATE: /            /

Please indicate how you would like to receive the money:

\_\_\_\_\_ Pick Up From Treasurer

\_\_\_\_\_ Deliver to School on Date of Event

**NOTE:**

~ Complete this Cash Box Request Form & place it in the locked PTG Box in an envelope labeled "Cash Box Request".

~ Contact the PTG Treasurer for pickup:

**SAUDERPTG@GMAIL.COM**

FOR TREASURER'S USE ONLY

CATEGORY: \_\_\_\_\_

DATE:                            /            /

CHECK NUMBER: \_\_\_\_\_

LOGGED: \_\_\_\_\_