



SAUDER ELEMENTARY PTG | Cash Box Request

YOUR NAME:	PHONE:
EVENT:	TOTAL AMOUNT REQUESTED:
DATE SUBMITTED:	DATE NEEDED:
PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE THE CHANGE FOR YOUR EVENT: <input type="checkbox"/> Pick Up From Treasurer <input type="checkbox"/> Deliver to School on Date of Event	

Complete the following for your cash box request:

- ✓ Complete this form and place it in an envelope labeled "Cash Box Request" in the locked purple PTG Box.
- ✓ Please submit ONE WEEK prior to event.
- ✓ Contact the PTG Treasurer for pickup: **SAUDERPTG@GMAIL.COM**

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	\$
TOTAL BILLS:		\$	+	TOTAL COINS:		\$
TOTAL CASH:						\$

SIGNATURE OF REQUESTOR (EVENT CHAIRPERSON):	DATE:
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FOR TREASURER'S USE ONLY

Category: _____ Deposit Date: _____