



South County PTSO--Cash Box Request

Complete *one form per cash box*—send to treas@southcountyppto.org at least one week before needed

YOUR NAME:		PHONE:
PROJECT/CATEGORY:		
DATE SUBMITTED:	DATE NEEDED:	
TOTAL AMOUNT NEEDED:		

CHANGE REQUESTED:

DENOMINATION	QUANTITY	TOTAL
\$10.00		\$
\$5.00		\$
\$1.00		\$
\$0.25		\$
		\$
TOTAL CASH:		\$

APPROVED BY (TREASURER OR OTHER PTSO OFFICER):	DATE: / /
VERIFIED BY EVENT VOLUNTEER:	DATE: / /

For Treasurer's Use Only: Category _____ Check # _____ Date _____