



Discovery Elementary PTO

Cash Box Request Form

Please complete form at least 3 days prior to event

Name of Requestor: _____ Date Submitted: _____

Requestor Phone and email: _____

Event being requested for: _____ Purpose: _____

Date Needed: _____ Total Amount Needed: \$ _____

Denominations	Starting Amount	Ending Amount
\$50		
\$20		
\$10		
\$ 5		
\$ 1		
Quarters		
Dimes		
Nickels		
Pennies		

Total

Verified by Event Chair/Volunteer: _____

Approved by PTO Board Member: _____

PTO TREASURER USE ONLY:

	Amount
Original Amount Withdrawn from Bank:	
Cash Box Amount Returned:	
Difference :	
Amount Deposited back to Bank:	