

Cash Box Request

Name of HSA:

Complete one form per cash box

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

Change requested:

CASH	QUANTITY	TOTAL
\$ 20.00		\$
\$ 10.00		\$
\$ 5.00		\$
\$ 1.00		\$
\$ 0.25		\$
\$ 0.10		\$
\$ 0.05		\$
TOTAL CASH:		\$

- 1) Fill in your group's name above.
- 2) The person making the request fills in the shaded cells and calculates totals.
- 3) An authorized volunteer verifies the cash in the box before the event begins and signs below.
- 4) At the end of the event, an authorized volunteer counts the remaining cash, records it on a Deposit Notice form, and turns it over to the treasurer to be deposited.

APPROVED BY (HSA OFFICER):	DATE:
VERIFIED BY EVENT VOLUNTEER:	DATE:

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____