

Cash Box Request



Harbour Pointe Middle School PTO

Complete one form per cash box

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

Change requested:

CASH	QUANTITY	TOTAL
\$ 10.00		\$
\$ 5.00		\$
\$ 1.00		\$
\$ 0.25		\$
\$ 0.10		\$
\$ 0.05		\$
\$ 0.01		\$
TOTAL CASH: \$		

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

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