

**Evans Elementary School
Home & School Association
Committee Co-Chairperson Orientation
125 Sunset Road
Limerick, PA 19468**

Cash Box Request

Complete One Form per Cash Box or Cash Belt

Your Name _____ Phone _____

Project/Category _____ Date Submitted _____

Date Needed _____ **Total Amount Needed \$** _____

Change Requested:

Note:

\$10 x _____ = _____

\$ 5 x _____ = _____

\$ 1 x _____ = _____

.25 x _____ = _____

.10 x _____ = _____

.05 x _____ = _____

.01 x _____ = _____

Total \$ _____

Have an authorized volunteer verify the cash in the box before the event begins. Sign below. At the end of the event, an authorized volunteer should separate the original amount received, the count the remaining cash, and record it on a green Deposit Notice form, and turn it over to the Treasurer to be deposited.

Approved by (HSA Officer) _____ Date _____

Amount verified by (Treasurer/Treasurer Assistant) _____ Date _____

Verified by Event Volunteer (before) _____ Date _____

Verified by Event Volunteer (after) _____ Date _____

For Treasurer's Use Only

Category _____ Check # _____ Date _____ Logged _____