



EISENHOWER PTSA CASH BOX STARTING FUNDS REQUEST

(Please submit funds request seven days prior to the event date)

Date Requested: _____ Activity Date: _____

Committee: _____ Time Needed By: _____

Committee Chair Signature: _____ PTA President Signature: _____

	<u>Quantity</u>	<u>Amount</u>
Checks		\$
\$100s		\$
\$50s		\$
\$20s		\$
\$10s		\$
\$5s		\$
\$2s		\$
\$1s		\$
Dollars (coins)		\$
Fifty Cent (coins)		\$
Quarters		\$
Dimes		\$
Nickels		\$
Pennies		\$
	TOTAL	\$

This Cashbox starting funds were counted, and verified by the following people:

(Always have two people count & verify)

1) Name: _____ Signature: _____

2) Name: _____ Signature: _____

For PTSA Treasurers Use Only:

Date Received: _____ Check Number: _____
Treasurers Signature: _____ Date Withdrawn: _____

This form enables the Treasurer to pay expenses correctly and is a record of our expenditures. It protects all of us, and must be completed payment requests.