

Cashbox Request Form

Form Instructions. Please submit the following to treasurer@colfaxpto.org within two weeks before the event requiring use of the cashbox. Cashbox will be distributed on the day of the event: direct physical exchanges only. To complete the form, please fill out the gold shaded boxes below. Please contact us at treasurer@colfaxpto.org with any questions or concerns about this process.

Of special note,

- CASHBOX MUST BE REQUESTED FROM TREASURER AT LEAST TWO WEEKS PRIOR TO EVENT
- NEVER LEAVE CASHBOX UNATTENDED.
- IF AVAILABLE, USE SQUARE APP TO PROCESS ALL TRANSACTIONS.
- CASHBOX MUST BE RETURNED TO TREASURER WITHIN 24 HOURS OF COMPLETION OF EVENT.

*TOTAL REQUESTED:					
Denomination	*Quantity	*Total	Denomination	*Quantity	*Total
\$20 bills	x	=	\$0.25 coins	x	=
\$10 bills	x	=	\$0.10 coins	x	=
\$5 bills	x	=	\$0.05 coins	x	=
\$1 bills	x	=	\$0.01 coins	x	=
Total (bills):		=	Total (change):		=
*YOUR NAME (PTO Member / Event Coordinator):				*YOUR EMAIL	
<i>(Last Name)</i>		<i>(First Name)</i>		<i>(Corresponding with "Payment Option")</i>	
*Your Phone Number (and street address optional)					
*EVENT CATEGORY OR DESCRIPTION					
ADDITIONAL NOTES (optional). Special need date, preferred contact information (phone if better than email), etc.					
*YOUR SIGNATURE. Check to 'affirm' above information is correct to the best of your knowledge and money received as requested.					
<i>(Affirm)</i>		<i>(Your First Name / Last Name)</i>		<i>(Date of Affirmation)</i>	
FOR TREASURER'S USE ONLY: Cashbox # _____					
ISSUED BY TREASURER. Check to 'affirm' above information is correct to the best of knowledge.					
<i>(Affirm)</i>		<i>(First Name / Last Name)</i>		<i>(Date of Affirmation)</i>	