

Cashbox Return Form

Form Instructions. Please return cashbox with completed form to the Treasurer (treasurer@colfaxpto.org) within 24 hours of completion of event: direct physical exchanges of the cashbox 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,
 - RETURN CASHBOX TO TREASURER WITHIN 24 HOURS OF COMPLETION OF EVENT
 - NEVER LEAVE CASHBOX UNATTENDED.
 - A COMPLETED "FUNDS SUMMARY" FORM MUST RETURNED WITH THE CASHBOX / CASHBOX RETURN FORM.

***YOUR NAME (PTO Member / Event Coordinator):** _____ ***YOUR EMAIL** _____

<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Corresponding with "Payment Option")</i>

Denomination	*Quantity	*Total	
\$20 bills	x	=	
\$10 bills	x	=	
\$5 bills	x	=	
\$1 bills	x	=	
\$0.25 coins	x	=	
\$0.10 coins	x	=	
\$0.05 coins	x	=	
\$0.01 coins	x	=	
*GROSS DEPOSIT (sum above)		=	
*INITIAL (from "cashbox request")		=	
*NET DEPOSIT ("GROSS - INITIAL")		=	

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.

<i>(Affirm)</i>	<i>(Your First Name / Last Name)</i>	<i>(Date of Affirmation)</i>

***INDEPENDENT REVIEW (PTO Member).** Check to 'affirm' above information is correct to the best of your knowledge.

<i>(Affirm)</i>	<i>(First Name / Last Name)</i>	<i>(Date of Affirmation)</i>

FOR TREASURER'S USE ONLY: Cashbox # _____

RECEIVED BY TREASURER. Check to 'affirm' above is correct to the best of knowledge.

<i>(Affirm)</i>	<i>(First Name / Last Name)</i>	<i>(Date of Affirmation)</i>