

# Lancaster PTO Cash Box Request Form

**Complete form 2 weeks prior per cash box being requested**

Name of Requestor: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Requestor Phone: \_\_\_\_\_

Event being requested for: \_\_\_\_\_

Date Needed: \_\_\_\_\_ Total Amount Needed: \$ \_\_\_\_\_

Change Requested:

\$10 x \_\_\_\_\_ = \_\_\_\_\_

\$ 5 x \_\_\_\_\_ = \_\_\_\_\_

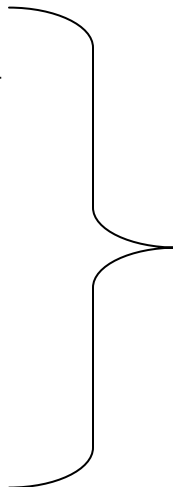
\$ 1 x \_\_\_\_\_ = \_\_\_\_\_

25¢ x \_\_\_\_\_ = \_\_\_\_\_

10¢ x \_\_\_\_\_ = \_\_\_\_\_

5¢ x \_\_\_\_\_ = \_\_\_\_\_

1¢ x \_\_\_\_\_ = \_\_\_\_\_



TOTAL \$ \_\_\_\_\_

Approved by (PTO officer) \_\_\_\_\_ Date: \_\_\_\_\_

Verified by Event Volunteer \_\_\_\_\_ Date: \_\_\_\_\_