

Mount Clemens Montessori Academy

PARENT GUILD



Cash Box Request

Your Name: _____ Phone Number: _____

Date Submitted: _____

Date Needed: _____

Project/Category: _____

Total Amount Needed \$ _____

Change Requested:

\$10 x _____ = _____

\$ 5 x _____ = _____

\$ 1 x _____ = _____

.25 x _____ = _____

.10 x _____ = _____

.05 x _____ = _____

.01 x _____ = _____

Total \$ _____

An authorized volunteer must verify the cash in the box before the event begins. **Sign below.** At the end of the event, an authorized volunteer should count the remaining cash, and record it on the back of this form. Please turn it over to the Treasurer to be deposit. If Treasurer is not present at the event, please hand cash box with money to any Parent Guild officer or the Principal.

Approved by (PG Officer) _____ Date: _____

Verified by Event Volunteer _____ Date: _____



For Treasurer's use only

Category _____ Check # _____ Dated _____ Logged