

Bell-Graham PTO Cash Box Exchange Sheet

Event: _____

Committee Chair: _____

Event Date: _____

Phone #: _____

Cash Box/Bag #: _____

Cash Value requested: \$ _____

Denominations:

Number of \$1 _____

Value \$ _____

Number of \$5 _____

Value \$ _____

Number of \$10 _____

Value \$ _____

Number of \$20 _____

Value \$ _____

Coins _____

Value \$ _____

Committee Chair's Signature & Date : _____

Treasurer Signature & Date : _____

Witness's Signature & Date : _____

Comments: _____

To Be Completed After the Event

Total Value given to Treasurer: _____

Denominations:

Number of \$1 _____

Value \$ _____

Number of \$5 _____

Value \$ _____

Number of \$10 _____

Value \$ _____

Number of \$20 _____

Value \$ _____

Coins _____

Value \$ _____

Number of checks _____

Value \$ _____

Committee Chair's Signature: _____

Date: _____

Witness's Signature & Date: _____

Treasurer Signature & Date: _____

Comments: _____

