



# Jackson HS PTSA 7.3.95 STARTING CASH REQUEST FORM

**Please request funds at least seven (7) days prior to event.**

DATE REQUESTED: \_\_\_\_\_

ACTIVITY (Budget Line): \_\_\_\_\_

ACTIVITY DATE: \_\_\_\_\_

TIME FUNDS ARE NEEDED BY: \_\_\_\_\_

COMMITTEE CHAIR NAME: \_\_\_\_\_

COMMITTEE CHAIR SIGNATURE: \_\_\_\_\_

<b>FUNDS REQUESTED</b>	
<u>Quantity</u>	<u>Amount</u>
20's _____	\$ _____
10's _____	\$ _____
5's _____	\$ _____
1's _____	\$ _____
Quarters _____	\$ _____
Dimes _____	\$ _____
Nickels _____	\$ _____
Pennies _____	\$ _____
<b>TOTAL REQUESTED</b>	<b>\$ _____</b>

**PTSA President/VP Authorization Required.  
Person receiving funds CANNOT sign this form.**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date Authorized: \_\_\_\_\_

**FOR TREASURER'S USE:**

Check No.: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

Entered Quicken: \_\_\_\_\_

**Funds received and verified by the following two people on the following date:** \_\_\_\_\_

1. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

2. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_