



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: _____

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

**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Date Withdrawn: _____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: _____