



CLINTON COMMUNITY SCHOOL DISTRICT
CASH BOX REQUEST FORM

Requests need to be submitted to Business Services a minimum of 3 days prior to the event.

DATE OF REQUEST: _____
STAFF MEMBER: _____
BUILDING: _____
ORGANIZATION: _____
DATE OF EVENT: _____
EVENT: _____
AMOUNT REQUESTED: _____

DENOMINATION BREAKDOW:

CURRENCY	QUANTITY	COIN	QUANTITY
\$20	_____	\$0.25	_____
\$10	_____	\$0.10	_____
\$5	_____	\$0.05	_____
\$1	_____	\$0.01	_____

By requesting a cash box, I will follow CCSD cash handling procedures. I will submit all funds with a Student Activity Revenue Collection Form to Business Services at the completion of the event or the next business day. All funds to be in a secured CCSD approved building until turned in.

Requested by: _____

Building Principal acknowledgment: _____

Date of acknowledgment: _____

FOR BUSINESS OFFICE USE ONLY:

Date Received: _____ Check Date: _____ Check No.: _____

Cash Box Received by: _____ Date: _____