

Heatherwood PTA 7.3.71

Starting Cash Request Form

(Please submit funds request at least seven days prior to event date)

Date Requested: _____

Event (Budget Account): _____

Event Date: _____

Time Funds Are Required By: _____

Committee Chair's Name (printed): _____

Committee Chair's Signature: _____

Make check payable to: _____

Quantity

Amount

PTA President Authorization Required

(Person requesting starting cash **CAN NOT** sign this authorization)

\$20's _____ \$ _____

\$10's _____ \$ _____

\$5's _____ \$ _____

\$1's _____ \$ _____

Quarters _____ \$ _____

Dimes _____ \$ _____

Nickels _____ \$ _____

Pennies _____ \$ _____

Total Requested \$ _____

Authorized By (Print): _____

Signature: _____

Date Authorized: _____

FOR TREASURER'S USE:

Check#: _____

Date Withdrawn: _____

Account: _____

Enter MM: _____

Date Authorized: _____

Funds received and verified by the following two people on: _____

(Date)

1. Print Name: _____

1. Signature: _____

2. Print Name: _____

2. Signature: _____