CASH BAG/BOX REQUEST FORM

ORGANIZATION NAME: ________________________________________________

GOVERNING BOARD/COUNCIL: □ ABC  □ SGB  □ IGB  □ COUNCIL  

EVENT: ____________________________________________________________

DATE(S): __________________________________________________________

CASH BAG/BOX NEEDED BY*: _________________________________________

□ Bag  □ Box  □ Cash and Bag/Box $________ Amount

CASH BREAKDOWN

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>SINGLES</td>
<td>x 1 =</td>
<td>QUARTERS</td>
</tr>
<tr>
<td>FIVES</td>
<td>x 5 =</td>
<td>DIMES</td>
</tr>
<tr>
<td>TENS</td>
<td>x 10 =</td>
<td>NICKELS</td>
</tr>
</tbody>
</table>

The following person(s) will be responsible for the safety of the cash bag/box and depositing the funds:

Name Of Person Picking up Bag/Box: ________________________________ (Please Print)
E-mail Address: __________________________________________________
Phone Number: __________________________________________________
Signature: ________________________________________________________

Name Of Person Depositing Bag/Box: ________________________________ (Please Print)
E-mail Address: __________________________________________________
Phone Number: __________________________________________________
Signature: ________________________________________________________

*CASH BAG/BOX REQUEST FORMS MUST BE SUBMITTED AS EARLY IN ADVANCE AS POSSIBLE (PREFERABLY AT LEAST 3 DAYS IN ADVANCE) TO ENSURE THAT BAGS/BOXES/CASH ARE AVAILABLE.