

# Cash Bag/Box Request Form

Organization Name: \_\_\_\_\_ Bag No. Assigned: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Bag  Box

Name of Event: \_\_\_\_\_ Bank Required: \$ \_\_\_\_\_  
*(Total Requested Amount)*

Student Organization Chartstring						
BUS UNIT	DEPT.	PC BUS UNIT	PROJECT	ACTIVITY	INITIATIVE	SEGMENT
AGENC		GENRL	AG00	01	419__ __	00000000

Requested Bank Breakdown		
Denomination	Qty	Subtotal
\$1.00 x		\$
\$5.00 x		\$
\$10.00 x		\$

**\*CASH BAG/BOX REQUEST FORMS MUST BE SUBMITTED A MINIMUM OF 3 DAYS IN ADVANCE TO ENSURE THAT BAGS/BOXES/BANK ARE AVAILABLE.**

The following person will be responsible for the safety of the cash bag/box:

### Executive Board Member Information

Full Name: \_\_\_\_\_

Columbia Email: \_\_\_\_\_@columbia.edu Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Adviser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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