Cash Bag/Box Request Form

Organization Name: _____________________________ Bag No. Assigned: ________________

Date of Event: _________________________________ Bag □       Box □

Name of Event: ________________________________ Bank Required: $________._____

(Requested Amount)

<table>
<thead>
<tr>
<th>BUS UNIT</th>
<th>DEPT.</th>
<th>PC BUS UNIT</th>
<th>PROJECT</th>
<th>ACTIVITY</th>
<th>INITIATIVE</th>
<th>SEGMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENC</td>
<td>GENRL</td>
<td>AG00</td>
<td>01</td>
<td>419</td>
<td>__</td>
<td>00000000</td>
</tr>
</tbody>
</table>

Requested Bank Breakdown

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Qty</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.00</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$5.00</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$10.00</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

*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: ____________________

Administration and Planning | Undergraduate Student Life
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