

# GATEWAY MIDDLE SCHOOL PTSA STARTING CASH REQUEST FORM

Note: Please submit funds request seven days prior to event date.

Date Requested: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Activity: \_\_\_\_\_

Activity Date: \_\_\_\_\_ Time Needed by: \_\_\_\_\_

Chair's Signature \_\_\_\_\_

	<u>Quantity</u>	<u>Amount</u>
\$20s	_____	\$ _____
\$10s	_____	\$ _____
\$5s	_____	\$ _____
\$1s	_____	\$ _____
Quarters	_____	\$ _____
Dimes	_____	\$ _____
Nickels	_____	\$ _____
Pennies	_____	\$ _____
<b>Total Received</b>		<b>\$ _____</b>

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 Funds received and verified by the following two people on: \_\_\_\_\_  
(Date)

1. Print Name: \_\_\_\_\_ 1. Signature: \_\_\_\_\_

2. Print Name: \_\_\_\_\_ 2. Signature: \_\_\_\_\_

***For Treasurer's Use***

Check #: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

Input into Money Minder: \_\_\_\_\_