

GATEWAY MIDDLE SCHOOL PTSA STUDENT STORE STARTING CASH REQUEST FORM

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

Date Requested: _____

Amount Requested: _____

Activity Date: _____ Time Needed by: _____

Chair's Signature _____

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

 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Date Withdrawn: _____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: _____