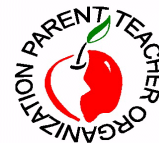




Leroy School Association, Inc.

Cash Box Request



Name: _____

Date Submitted: _____

Event/Fundraiser: _____

Date Needed: _____

Total Amount Needed: \$ _____

Monies Requested:

CASH

QUANTITY

TOTAL

\$20.00

\$ _____

\$10.00

\$ _____

\$5.00

\$ _____

\$1.00

\$ _____

\$0.25

\$ _____

\$0.10

\$ _____

\$0.05

\$ _____

\$0.01

\$ _____

TOTAL

\$

An authorized volunteer should verify the cash in the box upon receipt and sign below.

Approved By LSA Officer:

Date:

Verified By Event Volunteer:

Date:
