



Hoffman Trails Elementary PTO Cash Box Request

Name: _____ Phone: _____

Date Submitted: _____

Date Needed: _____

Specific Location for this change Request (ex: Book Fair):

Complete the following information for your request:

Change Requested					
\$	20	x	_____	=	_____
\$	10	x	_____	=	_____
\$	5	x	_____	=	_____
\$	1	x	_____	=	_____
\$	0.25	x	_____	=	_____
\$	0.10	x	_____	=	_____
\$	0.05	x	_____	=	_____
\$	0.01	x	_____	=	_____
Total for this box				\$	_____

PTO Officer Approval _____
Date _____

Volunteer Verification _____
Date _____

For Treasurer's Use Only			
Account	_____	Trans I D	_____
Deposit Date	_____	Logged	_____