



Fishkill Elementary PTA
20 Church Street, Fishkill, NY 12524

School Year:
20 ____ - ____

Cash Box Set-Up

PLEASE PRINT CLEARLY

Date of Event: _____ Event/Budget Category: _____

Advance to:

Name: _____ Phone: _____

Address: _____

E-mail: _____

Amount Requested: \$ _____

Signature of Requester: _____ Date: _____

NOTE:

Money advanced to set-up cash boxes for fundraising or other events **should not be included in fundraising receipts**. Please be sure to **separate the amount advanced** and place in an envelope **before you tally** your receipts. Please return this form in the envelope to the Treasurer at close of day or event.

Approved by: _____
Board Member Signature Board Member Signature

FOR USE BY TREASURER

Request Received: _____ Approved? Y N Check # Issued: _____
(mm/dd/yy)

Cash Returned: _____ Amount? \$ _____
(mm/dd/yy)

Redeposited? Y N Date: _____ Receipt attached? Y N

Entered in Quicken: _____ Entered on Budget Sheet: _____

For assistance, please contact the PTA Treasurer.