

**FRIENDS OF SAUGANASH ELEMENTARY SCHOOL
SAUGANASH PTO**

CHECK CASHING REQUEST FORM

DATE: _____ AMOUNT: _____		TREASURER'S USE ONLY	
EVENT: _____			
REQUESTED BY: _____		DATE OF BANK TRANSACTION: _____	
CHECK REGISTER (checks to cash)		CASH RECEIVED (cash from checks)	
Name	Amount \$	Number #	Currency
	\$		\$100 x = \$
	\$		\$50 x = \$
	\$		\$20 x = \$
	\$		\$10 x = \$
	\$		\$5 x = \$
	\$		\$1 x = \$
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
CHECK TOTAL:	\$		
COUNTED BY: (2 Signatures Required)			Currency Total \$
X _____	DATE: _____		Coin (breakdown only if required)
			\$1.00 \$
			\$0.50 \$
			\$0.25 \$
			\$0.10 \$
			\$0.05 \$
			\$0.01 \$
X _____	DATE: _____		Coin Total \$
			CASH TOTAL: \$
			COUNTED BY: (2 Signatures Required)
X _____	DATE: _____		X _____ DATE: _____
			X _____ DATE: _____