



CASH BOX REQUEST FORM

Submit form to Kathy & Jim Nelson

22W472 Birchwood Dr, Glen Ellyn, IL 60137

or e-mail to treasurer@gsboosters.org

Questions?

Text or call Kathy at 630-648-0236.

Date of Request: _____

Name: _____ **Phone:** _____

Signature: _____ **Email:** _____

Committee: _____ **Event Name:** _____

Date Cash Box Needed: _____ **Number of Boxes Requested:** _____

Denomination	# Requested		Total Amount
SINGLES	_____	x \$1	\$_____
FIVES	_____	x \$5	\$_____
TENS	_____	x \$10	\$_____
QUARTERS (\$10 PER ROLL)	_____	x \$10	\$_____
DIMES (\$5 PER ROLL)	_____	x \$5	\$_____
NICKLES (\$2 PER ROLL)	_____	x \$2	\$_____
PENNIES (\$.50 PER ROLL)	_____	x \$.50	\$_____
TOTAL CASH REQUESTED			\$_____

Please submit request at least five days prior to the event.