



Cash Box Request Form Associated Students of Columbia College

Number: _____
Date: _____

| | |
|--|--|
| Person Requesting: _____ Student Government/Club: _____ Name of the Event: _____ Account Number: _____ <small>For multiple Accounts Use Business Office Section</small> No. of Lock Bags: _____ Person Picking-up the Box: _____ | Contact Number: _____ Type of Activity: _____ Date of the Event: _____ No of Boxes Needed: _____ Date & Estimated Pick-up Time: _____ Contact Number: _____ |
|--|--|

Club Advisor (if applicable)

ASCC President/Designee

ASCC Advisor

BILLS

| | | | | |
|---------|---|--|----|--|
| \$20.00 | X | | = | |
| \$10.00 | X | | = | |
| \$5.00 | X | | = | |
| \$1.00 | X | | = | |
| Total | | | \$ | |

COINS (See the Coin Chart)

| | | | | |
|--------|---|--|----|--|
| \$0.25 | X | | = | |
| \$0.10 | X | | = | |
| \$0.05 | X | | = | |
| \$0.01 | X | | = | |
| Total | | | \$ | |

Coin Chart

1 Roll of Quarters (40) = \$10.00

1 Roll of Dimes (50) = \$5.00

1 Roll of Nickels (40) = \$2.00

1 Roll of Pennies (100) = \$1.00

Amount Requested Per Cash Box _____

Total Amount Requested _____

Business Office Use Only

| | | |
|-----------------------|---------------|----------------------------|
| Account Number | Amount | |
| _____ | _____ | Vendor Number _____ |
| _____ | _____ | Date Entered _____ |
| _____ | _____ | Check Number _____ |
| _____ | _____ | Check Date _____ |
| Total Amount | \$ _____ | |