Cordill-Mason Elementary PTA
Petty Cash Request

Event: _____ Date Needed: _____

Amount Requested:_____

Committee Chair/Requestor:_____

Received by: _____Counted by: _____
(Signature) (Signature)

Petty Cash Deposit

Date: _____

Counted by: _____ _____
(Print name) (*signature of chairperson of committee)

Phone Number: _____ Email: _____

Counted by: _____ _____
(Print name) (*signature)

Phone Number: _____ Email: _____

*Must have two signatures for deposit.

Please do not leave money in the Treasurer's mailbox – Place all funds in the locked box that is affixed to the PTA mail slots *or* contact Amanda Ramirez, asirna6185@gmail.com , 816-490-1716 to arrange transfer of funds for deposit. *Thank you.*

Currency Count:

$ Amount in coins _____
_____ X 1's = _____
_____ X 2's = _____
_____ X 5's = _____
_____ X 10's = _____
_____ X 20's = _____
_____ X 50's = _____
_____ X 100's = _____

TOTAL CASH: _____

TOTAL DEPOSIT: _____

🗁Treasurer Use Only
Date Received: _____ Date of Deposit: _____