

EUREKA ELEMENTARY PTO DEPOSIT

EVENT _____

CHAIRPERSON _____

<u>Quantity Deposited</u>	x	<u>Value</u>	=	<u>Total Amount</u>
_____		\$100.00		_____
_____		\$50.00		_____
_____		\$20.00		_____
_____		\$10.00		_____
_____		\$5.00		_____
_____		\$1.00		_____
_____		\$0.25		_____
_____		\$0.10		_____
_____		\$0.05		_____
_____		\$0.01		_____
_____		Check total		_____
(number of checks)		TOTAL		_____

Daily Deposits of cash and checks must be made during an event, even when the event is ongoing for several days or weeks. Please make arrangements with the PTO Treasurer. Money must be counted by two individuals and placed in an envelope accompanied by this sheet and submitted to the PTO Treasurer.

Signature _____

Signature _____

Date _____

EUREKA ELEMENTARY PTO REIMBURSEMENT FORM

Date: _____ Check Request Amount \$ _____

Check Payable To: _____

Committee/Budget Line Item _____

Expense Description: _____

Submitted By: _____

Chairperson Approval: _____

** Please attach the original receipts to this request form. The applicable Committee Chairperson must approve all expenses. A reimbursement check cannot be issued without a receipt and the applicable signature.**

Check Delivery Instructions:

Send home with child (name): _____

Grade/Teacher: _____

Other Instructions: _____

Date Paid: _____ Check #: _____

Check Issued By: _____

EUREKA ELEMENTARY PTO REQUEST FOR CASH BOX

EVENT _____
 CHAIRPERSON _____
 DATE NEEDED _____

<u>Quantity Requested</u>	x	<u>Value</u>	=	<u>Total Amount</u>
_____		\$100.00		_____
_____		\$50.00		_____
_____		\$20.00		_____
_____		\$10.00		_____
_____		\$5.00		_____
_____		\$1.00		_____
_____		\$0.25		_____
_____		\$0.10		_____
_____		\$0.05		_____
_____		\$0.01		_____
		TOTAL		_____

Signature _____
 Date _____

* Please provide form to the PTO Treasurer at least one week prior to date needed