

# CENTRAL POINT SCHOOL DISTRICT #6

## CASH BOX CHECK OUT/IN FORM



Person Checking out box: \_\_\_\_\_ Box #: \_\_\_\_\_

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Box CHECK OUT verification:			
Quantity		Denomination	Total
	x	\$0.01	\$0.00
	x	\$0.05	\$0.00
	x	\$0.10	\$0.00
	x	\$0.25	\$0.00
	x	\$1.00	\$0.00
	x	\$5.00	\$0.00
	x	\$10.00	\$0.00
	x	\$20.00	\$0.00
	x	\$50.00	\$0.00
	x	\$100.00	\$0.00
		<b>TOTAL CASH IN BOX</b>	<b>\$0.00</b>
Date: _____ Verified By: _____			
Date: _____ Verified By: _____			

Box CHECK IN verification:			
Quantity		Denomination	Total
	x	\$0.01	\$0.00
	x	\$0.05	\$0.00
	x	\$0.10	\$0.00
	x	\$0.25	\$0.00
	x	\$1.00	\$0.00
	x	\$5.00	\$0.00
	x	\$10.00	\$0.00
	x	\$20.00	\$0.00
	x	\$50.00	\$0.00
	x	\$100.00	\$0.00
		<b>TOTAL CASH IN BOX</b>	<b>\$0.00</b>
Date: _____ Verified By: _____			
Date: _____ Verified By: _____			