EVENT:

PICK UP DATE:

DEPARTMENT CONTACT:

PHONE EXT:

LEWIS CLARK STATE COLLEGE

CASH BOX AGREEMENT

I am an authorized individual to sign on behalf of my department and understand that the funds and supplies outlined in this agreement belong to the Controller's Office and must be returned to the Controller's Office no later than: _____.
(Date & Time)

I confirm that I have received all funds and supplies outlined in this agreement. Furthermore, I agree that if the original dollar amount and/or cash box/bag are not returned to the Controller's Office, the replacement total will be charged to: _____.
(15-digit account number required)

Cash Box/Bag

- ☐ Small Cash Box - $30 each
- ☐ Large Cash Box - $60 each
- ☐ Vinyl Deposit Bag - $6 each

Funds Requested

- ☐ Pennies
- ☐ Nickels
- ☐ Dimes
- ☐ Quarters
- ☐ Ones
- ☐ Fives
- ☐ Tens
- ☐ Twenties

CASH TOTAL:

Authorized Department Signature:

_____	_____	_____
Printed Name	Signature	Date

Controller's Office Signature Releasing Funds:

_____	_____	_____
Printed Name	Signature	Date