

**EVENT:**

**PICK UP DATE:**

**DEPARTMENT CONTACT:**

**PHONE EXT:**



## **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