

ORCHARD HOME & SCHOOL ASSOCIATION
CASH BOX REQUEST

DATE: _____

CATEGORY OR EVENT TO BE CHARGED: _____

AMOUNT \$: _____

DATE NEEDED (must submit at least 48 hours prior to event): _____

Denomination	# of Rolls/# of Bills Dollar Value
Quarters	
Dimes	
Nickles	
Pennies	
Singles	
Fives	
Tens	
Twenties	
Squares (credit card reader)	

Requestor name, email and cell: _____

Requestor Signature: _____

Please submit your request to:

Shweta Dixit
281 Gardner Road
Ridgewood, NJ
(201) 873-7722

orchardhsatreasurer@gmail.com

Approved by: _____

Date: _____ Withdrawal Date: _____