## AFA Request for Cash Box(es)

Name of Com	mittee/Event:			
Chairperson(s)	):	Email:		
Date of Request: Date of Event:				
Number of Cas	sh Boxes requested	d: Total amount re	equested: \$	
Denomination	s requested: Bills:			
Twenties	Tens	Fives Ones_		
Coins (by roll):	:			
Quarters	(\$10) Dimes	(\$5) Nickels	(\$2)	
Cash Boxes re	ceived and counted	d by:		
verified by:				
Date received:	:Tı	reasurer:		
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