## **Discovery Elementary PTO Start Up Cash Request**

Name:	Phone:
Date of Request:	Date Needed:
Event for Start Up Cash:	
Amount Requested:	Delivery Location:
Breakdown of Cash Requ	ested:
Ones	Pennies
Fives	Nickels
Tens	Dimes
Twenties	Quarters
Signature:	
needed. Start up cash must	requested a minimum of 3 business days prior to the date it is be verified prior to use. Please verify on the Money Count start up cash. Please email form to despto@ofr5.com or send to na Newton % Sarah Newton.
For Treasurer use Only:	
Date Filled:	
Budget Category:	
Approved By:	