

SHERIDAN SCHOOL STUDENT ACTIVITY

CASH BOX REQUEST & RECONCILIATION WORKSHEET

Submit to the Business Office 5 days prior to the event.

Use this page to reconcile the end of activity monies.
Count your complete cash drawer including beginning bank.

\$100	x		=	
\$50	x		=	
\$20	x		=	
\$10	x		=	
\$ 5	x		=	
\$2	x		=	
\$1	x		=	
.25	x		=	
.10	x		=	
.05	x		=	
.01	x		=	
		TOTAL		

IF YOU ARE SELLING ADMISSION TICKETS TO AN EVENT, YOU MUST KEEP TRACK OF TICKET NUMBERS AND FILL OUT BELOW.

ADULT TICKETS	
Number of Last Ticket Sold:	_____
Number of First Ticket Sold:	_____
Number of Tickets Sold:	_____ X \$
Amount ***	_____
STUDENT TICKETS	
Number of Last Ticket Sold:	_____
Number of First Ticket Sold:	_____
Number of Tickets Sold:	_____ X \$
Amount***	_____
TOTAL TICKET SALES =	
*** + ***	\$ _____

[illegible]

SHERIDAN SCHOOL STUDENT ACTIVITY

CASH BOX REQUEST & RECONCILIATION WORKSHEET

Submit to the Business Office 5 days prior to the event.

Activity _____ Club/Class _____

Date of Activity _____ Advisor(s) _____

At the beginning of an activity, please count the starting monies to verify the initial amount. Upon completion of the activity, count all monies, complete the following summary and sign it. Return the cash box and all monies immediately after the activity to the person in charge of the activity.

Number of Cash Boxes Requested _____

Date & Time Required _____

Please specify the breakdown of paper & coin currency you are requesting.

Den	x	Qty	=	Amount
\$10	x		=	
\$ 5	x		=	
\$1	x		=	
Quarter roll (\$10.00)	x		=	
Dime Roll (\$5.00)	x		=	
Nickel Roll (\$2.00)	x		=	
Penny Roll (\$0.50)	x		=	
		TOTAL		

Requested by: _____

Counted & Received by _____

FINAL SUMMARY

TOTAL CASH \$ _____

TOTAL CHECKS \$ _____

SUBTOTAL \$ _____

Minus- Beginning Bank <\$ _____>

BALANCE \$ _____

Please fill out the information on the front of the tamper proof deposit bag. Place all monies and this worksheet inside and seal the bag.

Signature _____

Comments:

Office Verification _____

Office Use Only:

Check Number _____ Date: _____

SBA Fund: _____ Clerk: _____