

# GODINEZ ASB – CASH BOX REQUEST

**MUST REQUEST CASH BOX 3 DAYS PRIOR TO EVENT. ID WILL BE REQUIRED AT TIME OF PICK UP.**

**Questions? Contact the ASB Account Clerk @ ext. 66780**

A. Today's Date	
B. Club Name	
C. Advisors Name	
D. Amount Requested	
E. Purpose/Event	
F. Date Needed	
G. Person Picking Up	
H. Signature & ID # of Cashbox Recipient	

By signing this document you agree to the information above, and are responsible for the following cash box and funds requested.

Club Advisor Signature	
Cash Box #	
Checkout Date	
ASB Office Signature	
Date Returned	
ASB Office Signature	