

COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

COLUMBIA COLLEGE AND THE FU FOUNDATION SCHOOL OF ENGINEERING AND APPLIED SCIENCE

STUDENT GOVERNING BOARD CASH BAG REQUEST FORM

ORGANIZATION NAME: _____

EVENT: _____

DATE(S): _____

CASH BAG NEEDED BY*: _____

Bag Cash and Bag \$ _____
Amount

CASH BREAKDOWN

SINGLES:	_____	x	1	=	_____	QUARTERS:	_____	x	0.25	=	_____
FIVES:	_____	x	5	=	_____	DIMES:	_____	x	0.10	=	_____
TENS:	_____	x	10	=	_____	NICKELS:	_____	x	0.05	=	_____
TWENTYS:	_____	x	20	=	_____	PENNIES:	_____	x	0.01	=	_____

Cash Bag Number: _____ Date Picked up: _____ Date to be Returned: _____

The following person(s) will be responsible for the safety of the cash bag and depositing the funds:

Name Of Person **Picking up** bag: _____
(Please Print)

E-mail Address: _____

Phone Number: _____

Signature: _____

Name Of Person **Depositing** bag: _____
(Please Print)

E-mail Address: _____

Phone Number: _____

Signature: _____

***CASH BAG REQUEST FORMS MUST BE SUBMITTED AS EARLY IN ADVANCE AS POSSIBLE (PREFERABLY AT LEAST 3 DAYS IN ADVANCE) TO ENSURE THAT BAGS ARE AVAILABLE.**