

CASH BAG REQUEST & SALES RECAP

Cashier Office (626) 914-8896

Date:	Pick Up Day & Date: Time: Please allow 5 business days to process request. Also note Cashier Office hours.				
Club/Organization:					
Activity/Event:		Activit	ry Date(s):		
Person Responsible for Bag: _			Phone: (_)	
Cash Bag contains \$25.00 as deducted from total sales. If yo		_			
Cash Bag Picked Up by:			Student ID:		
	Must Be Completed Be	fore Return of Cash Bo	x to Cashier Office		
Recap Prepared by:	ID#:			Recap Date:	
Item	Quantity/Units Total Available	Quantity/Units Unsold	Quantity/Units Sold	Unit Price Each	Total
				Total Sales	
planation of Over/Short Amount:				Total in Bag	
				Starter Cash	_
ub/Organization Account #:				Total Deposit	
			Position:	*Over/Short	
b Officer's Signature:b Advisor's Signature:					
Note: Both signatures are					
sh Bag Returned by:					
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<u>Cash Denominat</u>	ions_			<u>Coins</u>	
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				OF V	_
oo x = \$	\$ 1.00 X = \$.50 x =	05 ^ _	
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