CASH BOX STARTING INVENTORY

Date:				u t	
Event:					
Committee Chair(s):					
\$ \$20s	Qty		Amount		
\$20s					
\$10s		10		-	
\$5s	100				
\$1s					
	TOTAL		\$		
T _k					
Amount Verified By:				ū.	
Name			Name		
					* * *
Signature			Signature		*