



Mineola High School PTSA
START-UP MONEY FORM

THIS REQUEST FORM MUST BE SUBMITTED TO THE TREASURER ONE WEEK IN ADVANCE OF THE EVENT.

Name: _____ Date: _____

Email: _____ Phone: _____

Event Name: _____ Date of Event: _____

COINS

_____ x 1¢ = _____
_____ x 5¢ = _____
_____ x 10¢ = _____
_____ x 25¢ = _____
_____ x 50¢ = _____
_____ x \$1 = _____

TOTAL COINS \$ _____

CURRENCY

_____ x \$ 1 = _____
_____ x \$ 5 = _____
_____ x \$ 10 = _____
_____ x \$ 20 = _____
_____ x \$ 50 = _____
_____ x \$100 = _____

TOTAL CURRENCY \$ _____

TOTAL START UP FUNDS REQUESTED \$ _____

Start Up Amount Verified by:

(Name/Signature/Date)

Individual receiving start up funds at the end of the event:

(Name/Signature/Date)

Date withdrawn money returned to bank: _____

Attach Bank Withdrawal Slip to back of form (if applicable)