Canyons School District

Cash Box Transfer Form

Cash Box Number: ____________________  Amount: $________________________
Date: _____________________________
For:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Received by: ________________________  Signature:   ________________________

For Office Use Only:
Administrative Assistant’s Initial’s: _________ (confirming all cash has been returned & accounted for)
Returning Individual’s Initial’s: _________ (confirming all cash has been returned & accounted for)

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