

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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