

SOFS #:
Cash Box #:

Cash Box Reservation Form

Name of your ROS:

Checkout Date & Time:

Return Date & Time:

By signing the line below, I understand that my RSO is responsible for any cash box damage or lost keys.

By signing the line below, I understand that the Cash Box does **NOT** come with starter cash. If starter cash is needed, a payment request voucher must be completed.

Picked up by:

Name:

Date:

Returned by:

Name:

Date:

Phone Number: