

CASH ORDER

Name of caisse	Transit	Folio
Name of the member	Phone number	

1. ORDER DETAILS

BILLS in \$			BOXES of CHANGE in \$			ROLLS of CHANGE in \$		
Qty. (bills)	Denomination	Total	Qty. (boxes)	Value	Total	Qty. (rolls)	Roll	Total
X	\$5		5 ¢	X \$100		5 ¢	X \$2	
X	\$10		10 ¢	X \$250		10 ¢	X \$5	
X	\$20		25 ¢	X \$500		25 ¢	X \$10	
X	\$50		\$1	X \$1000		\$1	X \$25	
X	\$100		\$2	X \$1000		\$2	X \$50	
Subtotal		\$	Subtotal		\$	Subtotal		\$
					Total	\$		

2. ORDER PAYMENT METHOD

- Debit from the above-mentioned account
 Cheque

3. ORDER PICKUP

Name of Service Center		
Pickup date (YYYY-MM-DD)	Pickup time (HH:MM)	Cash box number
Authorized agent's name		