

STUDENT ACTIVITY FUND BANK TRANSFER REQUEST FORM

TO: Accounting Manager (Sherry Luskey)
Accounting Supervisor (Krystle Braumann)

FROM: _____
(School) (Contact Person & Phone Number)

DATE: _____

Please record the following transfer:

From Checking Amount \$ _____

To Investments Amount \$ _____

Notes: _____

Administrator Approval: _____
Signature Date

Accounting Dept Received: _____
Completed By: _____
Dual Approval: _____
Completed Date: _____

COPY OF FORM WILL BE RETURNED TO THE BUILDING WHEN TRANSFER IS COMPLETE.