

FRUITVALE INDEPENDENT SCHOOL DISTRICT FUNDS TRANSFER FORM

Date: _____

Campus Number: _____

Transfer FROM:

Account Name: _____

Amount \$ _____

Remarks: _____

Transfer TO:

Account Name: _____

Amount \$ _____

Remarks: _____

Sponsor Signature of Accounts Funds are coming **from**

Sponsor Signature of Accounts Funds are going **to**.

Signature of Principal

FOR BUSINESS OFFICE USE ONLY

1 Debit _____

Credit _____

2 Debit _____

Credit _____

AUTHORIZED BY: _____

MADE BY: _____