

PONDEROSA HIGH SCHOOL

Associated Student Body Fund

AUTHORIZATION TO TRANSFER FUNDS

DATE REQUESTED: _____ DATE NEEDED: _____

ACCOUNT TO TRANSFER FROM: _____ ACCT. # _____

ADVISOR'S SIGNATURE: _____

STUDENT REPRESENTATIVE'S SIGNATURE _____

ACCOUNT TO
TRANSFER TO: _____ ACCT. # _____

REASON FOR TRANSFER _____

AMOUNT OF TRANSFER \$ _____

(When completed, place this form in the Finance Clerks mailbox)
DO NOT WRITE BELOW THIS LINE.

Received _____ / _____ Transfer # _____
Finance Clerk Date