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DR. KANDACE BETHEA
Superintendent

DATE: _____

TO: Dr. Kandace Bethea

FROM: _____

RE: Pupil Activity Funds Transfer for Staff Use

Account Name(s) Transferring From: _____

Requested Amount: _____

Account Name(s) Transferring To: _____

Requested Amount: _____

Detailed reason for transfer request.

Have you previously transferred any funds for staff use? YES _____ NO _____

If yes, amount: _____

APPROVED: _____

Signature and Date

DENIED: _____

Signature and Date