STUDENT ACTIVITY ACCOUNT FUNDS TRANSFER FORM

SEBEKA HIGH SCHOOL
SEBEKA, MN 56477

Transfer Amount_____ Date_____

Activity Names From_____ To_____
(Office use Acct code) _____ _____

Reason for transfer of funds:_____
_____

1st Advisor(from) Signature_____Date_____
Student Signature_____Date_____

2nd Advisor(to) Signature_____Date_____
Student Signature_____ Date_____

Batch No_____ Journal Entry No _____
Date posted_____