CENTRAL POINT SCHOOL DISTRICT #6

STUDENT BODY FUNDS ACCOUNT TRANSFER REQUEST

Date		**Request Number:**	
Requestor			
School			
Department			

Pursuant to district policy, no transfer will be authorized without administrative approval.

TOTAL TRANSFER AMOUNT **(Automatically Calculated from Detail Below)**	**$0.00**

Brief Explanation:

Transfer From:		**Transfer To:**		
Account	**Description**	**Account**	**Description**	**Amount**

Approval

SB-TRAN-2013