

DENNIS-YARMOUTH REGIONAL SCHOOL DISTRICT
Request for Transfer of Funds
Student Agency Account to Student Checking Account

SCHOOL NAME _____ Account # 570._____.00.000.0000.2175

Attach the following documents to this completed form for EACH CHECK LISTED:

- Copy of the Student Activity Withdrawal Form
- Original bill, invoice and/or receipt
- Copy of the check

Please transfer the amount of \$_____ from the Student Agency Account to the Student Agency Checking Account to reimburse the account for the checks listed below.

Checks numbered _____ to _____ and dated _____ to _____.

Voided check #'s _____

Principal's Signature: _____ Date _____

***** For Central Office Use *****

This is to confirm that a transfer in the amount of _____ has been made from the _____ Student Agency Account to the Student Checking Account on _____ for checks numbered _____ to _____.

Voided Check #'s _____

Assistant Treasurer's Signature _____ Date _____