

ASSOCIATED STUDENTS
ANDREW P. HILL HIGH SCHOOL

TRANSFER OF FUNDS REQUEST

Date: _____

ACCOUNT RELEASING FUNDS

Club/Program/Acct name: _____

Acct# ____ - ____ - ____

Amount to transfer: \$ _____

Is this a 'TRANSFER ON CREDIT' purchase? **
YES or NO

ACCOUNT RECEIVING FUNDS

Club/Program/Acct name: _____

Acct# ____ - ____ - ____

Amount to credit: \$ _____

**if this is a 'transfer on credit', list the date by
which the funds will be deposited into the
releasing account.

Date: _____

REASON FOR TRANSFER OF FUNDS: _____

Club Officer Signature (if applicable)

Club Officer Signature (if applicable)

Faculty/Club Advisor Signature

Faculty/Club Advisor Signature

Activities Director Signature

ASB Officer Signature

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