

FRUITVALE INDEPENDENT SCHOOL DISTRICT  
FUNDS TRANSFER FORM

Date: \_\_\_\_\_

Campus Number: \_\_\_\_\_

**Transfer FROM:**

Account Name: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

**Transfer TO:**

Account Name: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Sponsor Signature of Accounts Funds are coming **from**

\_\_\_\_\_  
Sponsor Signature of Accounts Funds are going **to**.

\_\_\_\_\_  
Signature of Principal

\*\*\*\*\*

**FOR BUSINESS OFFICE USE ONLY**

1 Debit \_\_\_\_\_

Credit \_\_\_\_\_

2 Debit \_\_\_\_\_

Credit \_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_

**MADE BY:** \_\_\_\_\_