

**Snoqualmie Valley School District #410
ASB Transfer Voucher**

School: _____

Date: _____

Transfer From Club/Activity	Description	\$ From Amount (Debit)	Transfer To Club/Activity	Description	\$ To Amount (Credit)

Note: "Transfer FROM" total must equal "Transfer TO" total

Authorized Signatures

ASB Bookkeeper _____

ASB Prime Advisor _____

ASB Student Advisor _____

Not required if authorized in Budget or ASB Minutes (please state)

JE Number _____ Date Entered _____