

**Transfer Slip**

High School

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

Elementary School

Name of School: \_\_\_\_\_

FROM: ACCT.# (optional):	TO: ACCT.# (optional):	REASON/RATIONALE	AMOUNT

SIGNATURE	PRINT NAME
PRESIDENT:	
TREASURER:	
FACULTY ADVISOR:	
ASST PRIN BUS & ACT:	

Comments/Notes: