WEST VALLEY SCHOOL DISTRICT #363

DATE ____________
TV # ____________

ASB TRANSFER VOUCHER

As of _________ the _______________________ ASB does approve the following

transfers for the month of ____________________

Approved by ________________________
ASB Student Officer

Approved by ________________________
ASB ADVISOR

Prepared by________________________
ASB Bookkeeper/Secretary

EXPLANATION: ____

ACCOUNT NUMBER		ACCOUNT NAME	TRANSFER OUT		TRANSFER IN	