

**MONIES RECEIVED AT SCHOOL SITE FOR TRANSFER
TO DISTRICT OFFICE**

This form must be completed and accompany all monies sent to the District Office.

Received From: _____ **Amount Received:** _____

Purpose of Money Received: _____

Was this Income Budgeted For: (Was a budget set up using these funds?) **Yes** **No**

Deposit to (Income Line):

Fund	Resource	Year	Goal	Function	Object	School	Mgmt.
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Where do you want to spend it?:

Fund	Resource	Year	Goal	Function	Object	School	Mgmt.
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Signature: _____
Signature

ATTACH CASH/CHECKS BREAKDOWN FORM.

Please be sure all checks are made payable to Sonoma Valley Unified School District.

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District Office Use Only:

Receipt No. _____

Budget Transfer No. _____