



**ASSOCIATED STUDENT BODY  
RIVER CITY HIGH SCHOOL**

**REQUEST FOR TRANSFER OF MONIES**

**Transfer from Account #** \_\_\_\_\_

**Transfer into Account #** \_\_\_\_\_

**Amount to be transferred** \_\_\_\_\_

**Reason for  
Transfer:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Account Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ASB Treasurer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_