

**ELDON SCHOOL DISTRICT
TRANSFER VOUCHER**

PAY TO: _____

ACCOUNT NO.: _____

FROM: _____

ACCOUNT NO.: _____

ARTICLE OR SERVICE RECEIVED:

AMOUNT:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL: _____

DATE: _____

APPROVED: _____

*Note:
A copy of the transfer voucher is to be furnished to all organizations involved in the transfer.*