FORM E
Revised: 10/2020

NEW BEDFORD PUBLIC SCHOOLS
STUDENT ACTIVITY ACCOUNT
REPLENISHMENT REQUEST

Use this form to request the transfer of funds from SAA agency account to checking.
Submit to Finance & Operations for School Committee approval.

School: _____

Date: _____

School Committee Approved Amount: _____

Accumulated Checking Account Interest: _____

Total Checking Account Limit: _____

Amount Requested (checks written): _____

Check Numbers: _____ to _____

To the Treasurer:

This is a request to transfer funds from the Student Activity agency account to the checking account.

_____ _____
SAA Advisor Date

_____ _____
Principal Date

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Treasurer's Office Use:

Transfer Amount: _____ Date: _____

Warrant #: _____