



INCOME FROM OUTSIDE SOURCES

\$ _____ for _____

Source of funds _____

Budget to be increased: - - - - -
Fund Resource Goal Function Program Project Location Manager Object

Date

School

Signature (Principal)

Signature (Accounts Receivable / Fiscal Services)

Date Received

INSTRUCTIONS

- Forms available through Fiscal Services Department.
- Complete form with amount, source and code.
- Obtain the principal’s signature (use blue ink).
- Make a copy of the form for your records.
- Send the original form to the Fiscal Services with check(s).

Note: if change was made by the Fiscal Services you will receive a copy of the form with the change for your records.