ASSOCIATED STUDENT BODY FUND TRANSFER VOUCHER

Voucher No. _____
Date _____

819 ACCOUNT NO.		DEBIT AMOUNT (FROM)	CREDIT AMOUNT (TO)	DESCRIPTION
LOC	ACTIVITY			
TOTAL		$ 0.00	$ 0.00	

Transfer of the above funds is hereby authorized.

_____ _____
ASB Treasurer Date

_____ _____
Primary Adviser Date

Form No. 735