

Inter District County Journal Entry Request Form
 (For use to move funds by journal entry between districts, \$1 million dollars or more)

Date:

From	LEA Name:	<input type="text"/>	DEBIT
	LEA No:	<input type="text"/>	
		Account Number(s)	Amount(s)
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		Total	<input type="text"/>

To	LEA Name:	<input type="text"/>	CREDIT
	LEA No:	<input type="text"/>	
		Account Number(s)	Amount(s)
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		Total	<input type="text"/>

PLEASE EXPLAIN REASON FOR REQUESTED TRANSFER(S)

JOURNAL ENTRY COMMENT:

Printed name of Authorized signer
 Authorized Signature

Printed name of Authorized signer
 Authorized Signature

Complete and email signed form to: Carend@scoe.org, Jliu@scoe.org, Jsarsfield@scoe.org, and Tpham@scoe.org