

**JOHNSON CITY CENTRAL SCHOOL DISTRICT
STUDENT ORGANIZATION ACCOUNTING FORM**

5210-E.5

INTERACTIVITY TRANSFER

[ORDER NUMBER: _____]

SCHOOL: _____ DATE: _____

INITIATING ORGANIZATION: _____

PAY TO: _____ \$ _____

_____ DOLLARS

REASON/EXPLANATION: _____

Activity Treasurer: Signature: _____ Date: _____

Faculty Advisor: Signature: _____ Date: _____

Central Treasurer: Signature: _____ Date: _____

*CC: Initiating Activity Treasurer
Initiating Organization File
Receiving Activity Treasurer
Receiving Organization File*