

LA GRANDE SCHOOL DISTRICT # 1

REQUEST FOR FUNDING CHANGE

Requestor: _____ Date: _____

Purchase Order Number: _____ Vendor: _____

From Account: _____

To Account: _____

Amount: \$ _____ Transaction Date: _____

Reason for Funding Correction:

Authorized By: _____ Date: _____

InTouch Receipt Number(s): _____

Student Name: _____

Business Office Use Only

Journal Entry Number: _____ Entered by: _____ Date: _____

Debit Account: _____

Credit Account: _____