

Establishment of Internal Account

Name of Account: _____

Purpose of Account: _____

*(Authorized signors for Expenditures)

Principal: _____

Assistant Principal(s): _____

Advisor(s): _____

Student Officer: _____

By signing this form I acknowledge the following:

We are responsible for maintaining records and reconciling monthly statements in accordance with the district internal accounts policy.

Approved:

Finance Director: _____

Created:

Financial Secretary II: _____