

Closing of Internal Account

Name of Account: _____

We, the appointed signators of the above cited internal account, do hereby choose the following option for closing of the internal account in accordance with Board Policy 3210.

Please check one:

<input type="checkbox"/>	Gift to school
<input type="checkbox"/>	Gift to the next senior class
<input type="checkbox"/>	Donation to a selected charity (Please specify):
<input type="checkbox"/>	Other (Please specify):

Principal: _____

Assistant Principal: _____

Advisor: _____

Student Officer: _____

Approved:

Finance Director: _____ Date: _____

Financial Secretary II: _____ Date: _____