



## ECA Cash Change Request Form

Date: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Name of Fund: \_\_\_\_\_

Purpose for cash change: \_\_\_\_\_

Date change will be re-deposited: \_\_\_\_\_

Treasurer Signature \_\_\_\_\_

Date: \_\_\_\_\_

Principal Signature \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

Date: \_\_\_\_\_

School Board Approval \_\_\_\_\_

Date: \_\_\_\_\_

**The school principal and treasurer are responsible for all cash change funds until they are re-deposited.**