

GEORGE COUNTY SCHOOL DISTRICT
REQUEST FOR CAFETERIA STARTUP CHANGE

Requested by: _____ **Date** _____

<u>FUND:</u>	<u>AMOUNT:</u>
2110-104-0000-000-000-04	_____
2110-104-0000-000-000-06	_____
2110-104-0000-000-000-08	_____
2110-104-0000-000-000-12	_____
2110-104-0000-000-000-14	_____
2110-104-0000-000-000-16	_____
2110-104-0000-000-000-18	_____
2110-104-0000-000-000-24	_____
Total Amount Requested:	_____

Approved By _____
Child Nutrition Director's
Signature

Received by:

I understand that I am responsible for the safeguarding of these funds until they are deposited according to district procedures.

Change Custodian
Name: _____ **Signature** _____
Date _____

Date Redeposited _____ **Receipt #** _____