

GEORGE COUNTY SCHOOL DISTRICT

REQUEST FOR ATHLETIC CUSTODIAL CHANGE

Requested by		Date	
Amount Requested		Fund & Program #	
Athletic Event		Event Date	
Approved By			
	Athletic Director's Signature		Principal's Signature

Received by:

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

Athletic Change Custodian Name:		Custodian Signature	
		Date	

Date Redeposited		Receipt #	
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