

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 # _____
