



**DISTRICT SCHOOL BOARD OF PASCO COUNTY  
INTERNAL/STUDENT ACTIVITY ACCOUNTS  
CASH ADJUSTMENT/CASH TRANSFER**

MIS Form # 152  
Rev. 05/17

**School:** \_\_\_\_\_

<input type="checkbox"/>	<b>CASH ADJUSTMENT</b>	Amount: _____	Effective Date: _____
	<u>DECREASE</u>		<u>INCREASE</u>
	Location [ ][ ][ ][ ]		Location [ ][ ][ ][ ]
	Activity [ ][ ][ ][ ][ ][ ]		Activity [ ][ ][ ][ ][ ][ ]
	Cash Code [ ][ ][ ][ ][ ][ ][ ][ ]		Cash Code [ ][ ][ ][ ][ ][ ][ ][ ]
	Action Code [ ][ ][ ][ ][ ][ ][ ][ ]		Action Code [ ][ ][ ][ ][ ][ ][ ][ ]

<input type="checkbox"/>	<b>CASH TRANSFER</b>	Amount: _____	Effective Date: _____
	<b>FROM:</b>		<b>TO:</b>
	Location [ ][ ][ ][ ]		Location [ ][ ][ ][ ]
	Activity [ ][ ][ ][ ][ ][ ]		Activity [ ][ ][ ][ ][ ][ ]
	Cash Code [ ][ ][ ][ ][ ][ ][ ][ ]		Cash Code [ ][ ][ ][ ][ ][ ][ ][ ]

**COMMENT:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Transfer From Sponsor Approval	_____	_____
	Sponsor's Signature	Date
Transfer To Sponsor Approval	_____	_____
	Sponsor's Signature	Date
Principal's Approval	_____	_____
	Principal's Signature	Date

<b>FOR BOOKKEEPER'S USE ONLY</b>			
<b>JOURNAL INFORMATION (decrease)</b>	<b>JOURNAL INFORMATION (increase)</b>		
Year: [ ][ ][ ][ ]	[ ][ ][ ][ ]		
Period: [ ][ ]	[ ][ ]		
Journal: [ ][ ][ ][ ][ ][ ] (if applicable)	[ ][ ][ ][ ][ ][ ] (if applicable)		

_____	_____
Bookkeeper Signature	Date Completed