Mt. Diablo Unified School District

INCOME FROM OUTSIDE SOURCES

$ _____.____ for _____

Source of funds _____

Budget to be increased: __ __ __ __ __ __ __ __ __ __ . __ __ __ __

Site *Program* *Function* *Object*

_____
Date

_____
School

_____
Signature (Principal)

_____
Signature (Accounts Receivable / Fiscal Services)

_____
Date Received

Distribution

White:	Fiscal Services, with check(s)
Canary:	Program Administrator/Other
Pink:	Originator (returned by Fiscal)
Golden:	Retained by originator

INSTRUCTIONS

1. Complete form with amount, source and code.
2. Obtain principal's signature.
3. Keep the bottom copy of the form for your records.
4. Forward the top three copies of the form to Fiscal Services with check(s).
5. Fiscal Services will keep the original and return the two copies to the originator.