

FISCAL SERVICES DEPARTMENT

JOURNAL ENTRY FORM GIFT CARD EXPENDITURES

REQUESTED BY: _____

DATE: _____ SITE: _____

ORIGINAL BUDGET EXPENDITURE FROM ACCOUNT:

<u>FUND</u>	<u>RESOURCE</u>	<u>YEAR</u>	<u>GOAL</u>	<u>FUNCTION</u>	<u>OBJECT</u>	<u>SCHOOL</u>	<u>MANAGEMENT</u>
-------------	-----------------	-------------	-------------	-----------------	---------------	---------------	-------------------

AMOUNT : _____

TRANSFER EXPENDITURE TO ACCOUNT:

<u>FUND</u>	<u>RESOURCE</u>	<u>YEAR</u>	<u>GOAL</u>	<u>FUNCTION</u>	<u>OBJECT</u>	<u>SCHOOL</u>	<u>MANAGEMENT</u>
-------------	-----------------	-------------	-------------	-----------------	---------------	---------------	-------------------

AMOUNT : _____

<u>FUND</u>	<u>RESOURCE</u>	<u>YEAR</u>	<u>GOAL</u>	<u>FUNCTION</u>	<u>OBJECT</u>	<u>SCHOOL</u>	<u>MANAGEMENT</u>
-------------	-----------------	-------------	-------------	-----------------	---------------	---------------	-------------------

AMOUNT : _____

**PLEASE BE SURE TO INCLUDE COPIES OF THE ORIGINAL PURCHASE
ORDER AND THE ORIGINAL PURCHASE RECEIPTS**

**I do hereby certify that the attached receipts represent expenditures that were made in accordance with
Etiwanda School District procedure for the use of gift cards.**

Signature

Date