



DEBIT - CREDIT TRANSFER VOUCHER

ASB Fund

FOR ACCOUNTING OFFICE USE

Journal Entry No.	_____
Month Entered	_____
Approval	_____

Service Performed for:
(Debit)

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Service Performed by:
(Credit)

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Description:

Signatures:

_____	_____	_____	_____
ASB Treasurer	Date	Activity Advisor	Date

_____	_____	_____	_____
Student Representative	Date	Primary Advisor	Date

Journal
Entry:

	ORG KEY	OBJECT	DEBIT	CREDIT
Total Debit				
Total Credit				

Distribution: Original - Accounting office
Copy to - Department being debited