

**Squalicum High School PTSA  
PAAC Transfer Request**

*(Not to be used for transfers between PAAC and General Accounts.)*

**Date Processed:** \_\_\_\_\_

**Please transfer this amount:** \_\_\_\_\_

**To PAAC Group:** \_\_\_\_\_

**For the purchase of:** \_\_\_\_\_

**From PAAC Group:** \_\_\_\_\_

**For the purpose of:** \_\_\_\_\_

**I certify that the use of these funds follows current PTSA guidelines as detailed  
in SQHS PAAC Policies and Procedures:**

\_\_\_\_\_  
(Signer must be PAAC Group Board member of the  
"FROM" group.)

\_\_\_\_\_  
Date

**If Treasurer has questions, contact:** \_\_\_\_\_

**Date Treasurer received and initials:** \_\_\_\_\_