

# SISC INVESTMENT POOL

P.O. Box 1808  
Bakersfield, CA 93303-1808  
(661) 636-4808 FAX (661) 636-4063

## TRANSACTION REQUEST

Date: \_\_\_\_\_

### TYPE OF TRANSACTION REQUESTED:

1.  **DEPOSIT** (*All deposits must be received two business days before the beginning of the quarter.*)

This will serve as notice that \_\_\_\_\_ is depositing funds in the amount  
(Name of district or agency)

of \$ \_\_\_\_\_ with the SISC Investment Pool for the quarter beginning \_\_\_\_\_.

2.  **WITHDRAWAL** (*Withdrawals require 10 days written notice.*)

This will serve as notice that \_\_\_\_\_ is requesting a withdrawal  
(Name of district or agency)

in the amount of \$ \_\_\_\_\_ for the quarter ending \_\_\_\_\_.

3.  **LIQUIDATE ACCOUNT** (*Requires 10 days written notice.*)

This will serve as notice that \_\_\_\_\_ is requesting to liquidate  
(Name of district or agency)

its account with the SISC Investment Pool effective with the quarter ending \_\_\_\_\_.

The above transaction shall be made by: \_\_\_\_\_ **Interdistrict Transfer** - Please indicate County Fund no. \_\_\_\_\_  
and General Ledger account no. \_\_\_\_\_ (must be Object Code 9150 – Investments)

\_\_\_\_\_ **Check** \_\_\_\_\_ **Other (Please explain)** \_\_\_\_\_

Transaction Approved by: \_\_\_\_\_

Signature of authorized agency officer

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Please print.)