

SISC INVESTMENT POOL

P.O. Box 1808
Bakersfield, CA 93303-1808
(661) 636-4411 FAX (661) 636-4063

TRANSACTION REQUEST (Kern County Districts)

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 _____
(date)

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 _____
(date)

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 _____
(date)

SISC performs in county transactions by inter-district transfer:

Please indicate County Fund no. _____ and
General Ledger account no. _____ (must be Object Code 9150 – Investments)

Please e-mail this signed form to Megan Hanson mehanson@sicschools.org or Nancy Russo narusso@sicschools.org.

Transaction Approved by: _____
Signature of authorized agency officer

Name: _____ Title: _____
(Please print.)