

**STATE OF KANSAS
MUNICIPAL INVESTMENT POOL
Transfer Request**

Depositor Name: _____ Depositor #: _____

Today's Date	Effective Date of Transaction	
<p>All Transfer Requests must reach the Pooled Money Investment Pool office by 10:00AM. Please Fax to 785-296-2857.</p>		
Transfer between Depositors:		
Transfer From	\$	Depositor:
		Acct # Acct Description
Transfer To	\$	Depositor:
	\$	Depositor:
	\$	Depositor:
	\$	Depositor:
	\$	Depositor:
Approval Signatures (must have at least one authorized signature):		
Signature	Date	
Signature	Date	