

Date:

TO: Island County Treasurer's Office
Attn: Investment Officer
ICTInvestments@islandcountywa.gov

____ authorizes the Island County Treasurer
(District/Agency or other Entity)
to process the following request on _____ to/from the
(Date)

Island County Treasurer's Investment Pool, a local government investment pool program. It is understood that each transaction requires two business days' notice.

Transaction Type (Invest or Withdraw)	Fund Number & Name (Three digits)	Dollar Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL TRANSACTION AMOUNT		\$ _____

By _____
Signature of Authorized Investment Officer

(10-2018; updated 8-2020)