**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL**

**VOID TRANSFER REQUEST FORM**

**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* A **VOID TRANSFER REQUEST** must be completed any time an Activity Account Transfer or GL Deposit is voided.
* Request form must be **COMPLETED** and **APPROVED** for all **VOIDS** and attached to the appropriate month’s financial statement.

 Transfer Type
 (check one)

Transfer Transfer Transfer “From”Account “To” Account G. L. Activity
# Date Amount (Activity or GL) (Activity or GL) Deposit Transfer

Reason for the Void:

If a follow-up entry is required, please explain what action is required:

**Requested by: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by:** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Principal**

**\*\*Submit one copy with monthly financial statement and keep a copy for your records.\*\***