

ACTIVITY FUND TRANSFER REQUEST

This form must be received by the Activity Fund office prior to the last day of the month in order to be approved at the following month's Board meeting.

TRANSFER REQUEST DATE:

TRANSFER FROM:

PROJECT NAME:

AMOUNT

Check if Project is Complete

TRANSFER TO:

REASON FOR TRANSFER:

Signature of Activity Fund Sponsor

Date

Signature of Principal/Director

Date

❖ If a different site is the recipient of the transferred funds, the receiving department must sign below.

Signature of Beneficiary Principal/Director

Date

Accounting use only
BOE Approval
Date _____
JE# _____

State law requires Board approval for all Activity fund transfers.