



**ACTIVITY FUND
GENERAL LEDGER TRANSFER**

Complete this form when requesting a transfer of revenue or expenses from one activity account to another. Full account number required.

Date: _____

School Campus #: _____

Amount: _____

Transfer FROM Account #: _____ Account Name: _____

Transfer To Account #: _____ Account Name: _____

Explanation: _____

Signature of Bookkeeper/Sponsor

Signature of Principal

Amount: _____

Transfer FROM Account #: _____ Account Name: _____

Transfer To Account #: _____ Account Name: _____

Explanation: _____

Signature of Bookkeeper/Sponsor

Signature of Principal
