



TRANSFER FORM

Please attach all invoices/receipts

Date _____

Person making request _____ Position: _____

TRANSFER FROM:

General Foundation

Group (Class) _____

Academic Boosters

Arts Boosters

Athletic Boosters Sport _____ Boys Girls

Amount to Transfer: \$ _____

Expense Code: _____ Comment: _____

TRANSFER TO:

General Foundation

Group (Class) _____

Academic Boosters

Arts Boosters

Athletic Boosters Sport _____ Boys Girls

Amount Transferred: \$ _____

Income Code: _____ Comment: _____

Signatures Required:

Teacher/Head Coach: _____ Date: _____

Parent Liaison: _____ Date: _____

Athletic Director/Administrator: _____ Date: _____

Foundation Executive Director: _____ Date: _____

****Please ensure that all signatures are obtained and all receipts attached PRIOR to bringing to the LCC Foundation office****