



Clint Independent School District
 Activity Fund Transfer Form
 (Request for Internal Transfer of Funds)



Forward approved and completed form to the Business Services Department.

Activity Fund Account / Transfer Amount Information	
From Account Name:	From Account Number:
To Account Name:	To Account Number:
	Amount to be transferred:

Transfers should be made in whole dollar amounts only.

Rationale should be descriptive.

Rationale for Transfer:

Donor Approval: _____ Date: _____

Donor Name: _____

Recipient Approval: _____ Date: _____

Recipient Name: _____

Principal / Designee Approval: _____ Date: _____

Principal / Designee Name: _____

Business Services Department Use Only	
Received By:	Date:
Entered By:	Date:
Budget Transfer Entry Number:	

Business Services Approval: _____ Date: _____