

**DOUGLAS COUNTY SCHOOL SYSTEM  
ACTIVITY FUND TRANSFER FORM (FIN - 633)**

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

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

Please transfer \$ \_\_\_\_\_  
Amount

from \_\_\_\_\_  
Activity Fund Account Name/Number

to \_\_\_\_\_  
Activity Fund Account Name/Number

Reason for transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Request By Teacher/Sponsor Signature/Date

\_\_\_\_\_  
Approved By Principal Signature/Date

\_\_\_\_\_  
Transfer Entered By Office Manager/Bookkeeper Signature/Date

**DOCUMENT/MISC. ENTRY #** \_\_\_\_\_  
*To be completed by Office Manager/Bookkeeper*