

**ALIEF INDEPENDENT SCHOOL DISTRICT**  
**AUTHORIZATION FOR TRANSFER OF FUNDS**  
**WITHIN STUDENT ACTIVITY ACCOUNTS**

\_\_\_\_\_  
**(School)**

DATE: \_\_\_\_\_

Transfer Amount \$ \_\_\_\_\_

From: \_\_\_\_\_  
Account Number and Name (Out)

To: \_\_\_\_\_  
Account Number and Name (In)

Requested By: \_\_\_\_\_

Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approval: \_\_\_\_\_

Out Account Sponsor \_\_\_\_\_

In Account Sponsor \_\_\_\_\_

Principal \_\_\_\_\_