



# Lancaster Band Boosters Transfer of Funds Request



Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

.....

Amount to Transfer: \$ \_\_\_\_\_

For What Expense: \_\_\_\_\_

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Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

.....

Additional Information: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

.....

Date Recorded	Treasurer's Signature
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