

**Extraclassroom Activity Fund  
Interorganization Transfer**

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Extraclassroom Activities Account  
Interorganization Transfer

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

INITIATING EXTRACLASSROOM ACTIVITY NAME: \_\_\_\_\_

WINCAP EXPENSE CODE: \_\_\_\_\_ - 300

PAY TO: (Revenue Code) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR: \_\_\_\_\_

\_\_\_\_\_  
ACTIVITY TREASURER

\_\_\_\_\_  
CENTRAL TREASURER

\_\_\_\_\_  
FACULTY ADVISOR

\_\_\_\_\_  
CHIEF FACULTY COUNSELOR

**ATTACHMENT J**