Extraclassroom Activity Fund
Interorganization Transfer

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