



Special Olympics
Idaho

TRANSFER OF FUNDS REQUEST

I authorize the transfer of team funds from _____
(team name)

to _____ in the amount of \$_____.
(team name and area/Chapter)

Reason for transfer:

Signed: _____ Date: _____
(LPC / Chapter Finance)

Team: _____ Area: _____

Office Use Only		
Rcvd by:	Date:	Journal Entry: