

Transfer of Funds Request

Briar Glen PTC

YOUR NAME:	PHONE:
DATE SUBMITTED:	AMOUNT:
PROJECT/CATEGORY TO DEDUCT FUNDS FROM:	PROJECT/CATEGORY TO RECEIVE FUNDS:
DETAILED DESCRIPTION:	

APPROVED BY (PTO OFFICER):	DATE: / /
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 For Treasurer's Use Only: Category _____ Check # _____ Date _____ Logged _____