

**STUDENT ACTIVITY
ACCOUNT CLOSE / TRANSFER
REQUEST FORM**

Routing:
1- Chief Operations Officer for approval
2- Grants Dept to process
3- New acct info to Principal

CLOSE ACCOUNT NAMED *	AMOUNT	REASON FOR TRANSFER

***Please Note:** Two audited years of **NO** history are necessary before account can be closed and funds used to open a new account. You must attach copies of the Quick Books reports showing inactivity in account you want to be closed.

OPEN ACCOUNT NAMED **	AMOUNT	REASON FOR TRANSFER

**** Please Note:** You must include a brief explanation of purpose / use of funds as well as any selection criteria for awarding / dispersing funds (for example in a scholarship). If additional space is required, please attach a separate piece of paper to this form.

SUBMITTED BY: (please print)
SCHOOL OR DEPARTMENT:
SIGNATURE of School Administrator / Principal:
DATE:

SIGNATURE of Chief Operations Officer:
DATE:
Transfer of funds approved: YES NO