## CATONSVILLE RECREATION AND PARKS COUNCIL - TRANSFER REQUEST

## Banneker Community Center 27 Main Ave ~ Catonsville, MD 21228 (410) 887-0959

Progra	m Number Of Account Providing	ng Funds:	(From Account	To be debited)	
Progra	m Number Of Account Receivi	ng Funds:	(To Account –	To be credited)	
Amour	nt to Be Transferred: \$				
Purpos	se For Transfer:				
Requested By:		Phone:	Date:_		
Approved By: Phone: Date:  (Must be the authorized representative of the Program Providing the Funds)					
Trans	sfer Request Guidelines:				
	. Every request for transfer of funds must be submitted on this form for tracking purposes.				
2.	2. Transfer requests must be signed by the approved Program Representative for the				
3.	<ul><li>program where the funds will be transferred out (i.e. the From Account).</li><li>3. Transfer requests will be processed on Wednesdays. Please plan accordingly.</li></ul>				
4.					
	either the Council Treasurer or Assistant Treasurer by the requesting program chair.				
5.	5. Email to: <a href="mailto:catonsvillerec@gmail.com">catonsvillerec@gmail.com</a> ATTENTION: Treasurer/Assistant Treasurer.				
For O	ffice Use Only:				
Date:	From:	To: Ca	tegory: Aı	nount:	