



LA COSTA CANYON HIGH SCHOOL
FOUNDATION

TRANSFER FORM

Please attach all invoices / receipts

Date: _____

Person making request: _____ Position: _____

TRANSFER FROM:

___ General Foundation

___ Group (Class) _____

___ Academic Boosters

___ Arts Boosters

___ Athletic Boosters Sport: _____ Boys ___ Girls ___

Amount to Transfer: \$ _____

Expense Code: _____ Comment: _____

TRANSFER TO:

___ General Foundation

___ Group (Class) _____

___ Academic Boosters

___ Arts Boosters

___ Athletic Boosters Sport: _____ Boys ___ Girls ___

Amount Transferred: \$ _____

Income Code: _____ Comment: _____

Signatures Required:

Teacher/Head Coach: _____ Date: _____

Parent Liaison: _____ Date: _____

Athletic Director/Administrator: _____ Date: _____

Foundation Executive Director: _____ Date: _____

Please ensure that all signatures are obtained and all receipts attached PRIOR to bringing to the LCC Foundation office

La Costa Canyon High School Foundation
1 Maverick Way, Carlsbad CA 92009
(760) 436-6136 x6021 / director@lcchsfoundation.org / www.lcchsfoundation.org