



# Texas 4-H Youth Development Foundation

P.O. Box 11020  
College Station, Texas 77842-1020

Payment Ref # \_\_\_\_\_

Deposit Ref # \_\_\_\_\_

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## REQUEST TO TRANSFER FUNDS

*Revised: September 2017*

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Date:	
Transfer from Department:	
Transfer to Department:	
Transfer Amount:	

Purpose of the Transfer:

### REQUESTED BY:

\_\_\_\_\_  
Signature of Department Manager Withdrawing Funds, verifies adequate account of funds and proper use of funds.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Manager Receiving Funds, verifies proper use of funds.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by State 4-H Program Leader, verifies compliance with contracts/agreements.

\_\_\_\_\_  
Date