



ALL-PURPOSE TRANSFER FORM

*Excludes Foundation & Contribution Transfers.
Contact Foundation Accountant for Foundation Transfers
Contact Income Processing for Donation Transfers.*

1. Region/Area Name _____ Region/Area # _____

2. What type of transfer do you want to make? Check only one.

Recurring Internal Transfer – All recurring transfers are for the current fiscal year only.

Return of Camp Funds – Money from my camp account at the Service Center to my local bank account. *Note: Skip sections 3-5 and go to Return of Camp Funds section.*

One-Time Only - Internal Transfer of Funds - Money from one area to another.

Campership Transfer – Money from one camp/operating account to another. *Note: Campership to operating transfers must be signed off by your regional director.*

Money Market Transfer

3a. Date of transfer (or to begin recurring transfer): Mo _____ Yr _____ Amount \$ _____
(Recurring transfers start in the CURRENT month. To catch up for prior months missed, send a one-time transfer for the total amount.)

3b. Date to end transfer if recurring (current fiscal year only): Mo _____ Yr _____
(Recurring transfers all end September 30 unless an earlier date is listed.)

4a. Transfer from (Charge): Reg/Area Name _____ Reg/Area # _____
check one: General Operating Campership Money Market Other _____

4b. Transfer to (Credit): Reg/Area Name _____ Reg/Area # _____
check one: General Operating Campership Money Market Other _____

5. Purpose of Transfer: Subsidy to another area (gift, no strings attached)
 Payment for services (banquet speaker, etc.)
 Pay our share of expenses (list expense account to charge: _____)
(Example: 5810 Office; 6210 Program; 6710 Travel)
 Other (Please explain): _____

Fill out this section <i>only</i> for a Return of Camp Funds		
Use of Funds	Date to be used	Amount
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

Service Center Use Only	
Area Number:	_____
Invoice Number:	_____
Invoice Amount:	_____
DR AB07	6250 \$ _____
DR _____	9430 \$ _____
CR AB07	9410 \$ _____
Date Keyed	_____

6. _____ Date _____
Authorized Signature (Regional/Area Director)

Print Name _____ Phone Number _____

Questions? Contact LaValda Heiple (719) 381-1976 or Lois Farmer (719) 381-1980.

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Fax transfers to Field Accounting at (719) 867-3563. Mail to P.O. Box 520, Colorado Springs, CO 80901.