Budget Transfer Form

DATE PROCESSED	
FISCAL YEAR	
DOCUMENT NUMBER	
SYSTEM DATE	
TO BE COMPLETED BY BUDGET D	EPT.

TYPE OF TRANSFER:
INTERNAL TRANSFER
(Fund, Program, Function, Object - same)

(2 and, 1 regian, 1 and ren, coject band)

BUDGETARY TRANSFER (Fund, Program, Function, Object different)

TRANSFERRED FROM:	(DEPARTMENT\SCHOOL)
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TRANSFERRED TO: Location 027 - STEM (DEPARTMENT\SCHOOL) **BALANCED**

ACCOUNT DESCRIPTION	FUND	PRO	G	FU	JNC	C. (ОВЈ	IEC	Т	L	ЭС	STI	RA	Т.	N	Τŀ	ζ	AMOUNT TO BE TRANSFERRED	
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JUSTIFICATION:			
	Ext.		
Initiated By:			
	_	Below signatures are required	only if
Network\Division Head		transfer is Budgetary	
Accounting Department			
School Business Administrator	_		
		Superintendent of Schools	Approval Date