



Budget Transfer Request Form

FISCAL YEAR: JULY 1, _____ THROUGH JUNE 30, _____

Transfer Request is Deemed: Temporary _____ or Permanent _____

Departments may make budget transfers between lines within a department or between departments, except for salary/benefit budget lines. Transfers should not occur before March 1, unless extenuating circumstances can be documented.

Full description of the purpose of the transfer. Attach documentation if applicable.

Transfer Funds From		Transfer Funds To	
Account Number	Amount	Account Number	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The department **FROM** which funds are being transferred must approve the transfer:

Budget Officer Name (Print) _____ Signature _____ Date _____

Cabinet Member Name (Print) _____ Signature _____ Date _____

ACCOUNTING OFFICE USE ONLY

Name _____ Signature _____ Date _____

BE # _____ Posting Date _____ Name _____