Reference Policy #6422 Budget Transfers	FISCAL YEAR 2023_____ / 2024_____

2023-2024 REQUEST FOR BUDGET TRANSFER – ACCOUNT LINE ITEMS

The undersigned certifies this transfer does not violate any laws, regulations, policies or grant compliance and is essential for the operations of the district.

_ _____ _____ _____ _____ _____ _____

Originator Date: Principal/Administrator Date: Assistant Superintendent Date:

	(Changes in F,P,F,O requires board approval) Account Number F	P	F	O	L	D	P	Description TO – Explain why funds are needed (FROM) – Explain why funds are available	Amount GOING TO Account	Amount COMING FROM Account
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

Grand Total
(Needs to Equal $0.00) **$ _____$ _____**

_____ _____ _____ _____
Business Administrator/Assistant Business Administrator Date Superintendent of Schools Date

Requires Board Approval – YES / NO If Yes, Board Approval Date _____ Agenda Item Number _____ TRANSFER # _____