

WALLINGFORD  SWARTHMORE
 SCHOOL DISTRICT

BUDGET TRANSFER REQUEST

 Name of Person Requesting Transfer Date: _____

 Signature of Administrator / Supervisor Date: _____

Transfer From:
 Account Number ___ - ___ - ___ - ___ - ___ - ___

Transfer To:
 Account Number ___ - ___ - ___ - ___ - ___ - ___

Amount of Transfer \$ _____

Reason for Transfer _____

Transfer From:
 Account Number ___ - ___ - ___ - ___ - ___ - ___

Transfer To:
 Account Number ___ - ___ - ___ - ___ - ___ - ___

Amount of Transfer \$ _____

Reason for Transfer _____

Transfer From:
 Account Number ___ - ___ - ___ - ___ - ___ - ___

Transfer To:
 Account Number ___ - ___ - ___ - ___ - ___ - ___

Amount of Transfer \$ _____

Reason for Transfer _____

Full budget code and account must be populated in order for form to be processed.

Please send the original budget transfer request to the Business Office.

Budget transfers will be approved at the last board meeting of each month. They will be posted soon after approval.

~*Business Office Use Only*~

Date Received: _____ Batch # _____ Transfer # _____

Board Approval Date: _____ Date Posted: _____