

EVERGREEN SCHOOL DISTRICT

B

BUDGET TRANSFER REQUEST

School/Department _____

Date _____

Decrease:
(Debit)

FND	RESC	Y	OBJC	SO	GOAL	FUNC	SCH
				00			
				00			
				00			
				00			

Amount

\$
\$
\$
\$

Increase:
(Credit)

FND	RESC	Y	OBJC	SO	GOAL	FUNC	SCH
				00			
				00			
				00			
				00			

Amount

\$
\$
\$
\$

Reason for Transfer _____

Principal/Supervisor Signature

Date

Business Office Use:

Approved _____ Disapproved _____ Fiscal Director _____ Date _____

Reason _____

Posted By _____ Posted Date _____

Budget Transfer No. _____

Distribution: 2 Copies for Business Office; 1 Copy for Originator