

COLLETON COUNTY SCHOOL DISTRICT

Walterboro, South Carolina

BUDGET TRANSFER REQUEST FORM

TO: FINANCE OFFICE

FROM: _____ (name) School/Dept _____

DATE: _____

Please transfer within my budget as outlined below. (USE WHOLE DOLLAR AMOUNTS)

<u>FROM</u>					<u>TO</u>				
FUND	FUNCTION	OBJECT	DETAIL	AMOUNT	FUND	FUNCTION	OBJECT	DETAIL	AMOUNT

Signature of Principal or Departmental Head

This form must be countersigned by one or more of the following persons

Mrs. Leila Williams, Superintendent

William Saunders, Director of Finance

Important:

All budget transfer requests must be justified in writing on the back of this form or on an attached sheet.