

Briarcliff Manor School District

REQUEST FOR BUDGETARY TRANSFERS

REQUESTED BY: _____ Date _____

| Amount | From (Budget Code) | To (Budget Code) | For Use of Accounting Section | |
|--------|-----------------------|---------------------|-------------------------------|------|
| | | | General Journal # | Date |
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Explanation: _____

Signature _____ Title _____
Administrator

Recommend: Approval () Disapproval ()

Remarks: _____

Signature _____
School Business Official

Authorized () Disapproved ()

Chief School Officer Date OR Date of Board Resolution