

EVERGREEN SCHOOL DISTRICT



EXPENDITURE TRANSFER REQUEST

School/Department _____ Date _____

From:
(Credit)

P.O.	FND	RESC	Y	OBJC	SO	GOAL	FUNC	SCH	Amount
					00				\$
					00				\$
					00				\$
					00				\$

To:
(Debit)

P.O.	FND	RESC	Y	OBJC	SO	GOAL	FUNC	SCH	Amount
					00				\$
					00				\$
					00				\$
					00				\$

Reason for Transfer _____

Principal/Supervisor Signature

Date

Business Office Use:

Approved _____ Disapproved _____ Fiscal Director _____ Date _____

Reason _____

Posted By _____ Posted Date _____ JV/TF Transfer No. _____

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