

# WASHOE COUNTY SCHOOL DISTRICT TRANSFER REQUEST

School/Department \_\_\_\_\_

FISCAL YEAR \_\_\_\_\_

**TRANSFER FROM:**

Fund	Prgm	Account Number		RC	Dept	Description	Amount
		Fnc	Object				

TOTAL \_\_\_\_\_

**TRANSFER TO:**

Fund	Prgm	Account Number		RC	Dept	Description	Amount
		Fnc	Object				

TOTAL \_\_\_\_\_

**REASON FOR TRANSFER:**


Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: An original, authorizing signature is REQUIRED for the Business Office to process this transfer.**

**BUSINESS OFFICE USE ONLY**

Approved: \_\_\_\_\_ Transfer No.: \_\_\_\_\_ Date: \_\_\_\_\_

BUDGET TRANSFER
  COST TRANSFER