

Briarcliff Manor School District

REQUEST FOR BUDGETARY TRANSFERS

REQUESTED BY: \_\_\_\_\_ Date \_\_\_\_\_

Amount	From (Budget Code)	To (Budget Code)	For Business Office Use	
			Budget Transfer #	Date

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Administrator

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Recommend: Approval ( ) Disapproval ( )

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
School Business Official

Authorized ( ) Disapproved ( )

\_\_\_\_\_  
Chief School Officer Date OR \_\_\_\_\_  
Date of Board Resolution