

LONGWOOD
CENTRAL SCHOOL DISTRICT

FUND TRANSFER REQUEST FORM

Date: _____

School/Department: _____

Reason for Transfer: _____

Administrator Signature: _____

<u>TRANSFER FROM:</u>		<u>TRANSFER TO:</u>	
<u>Account Code #</u>	<u>Amount</u>	<u>Account Code #</u>	<u>Amount</u>

<u>Code Description:</u>	<u>Code Description:</u>
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<u>TRANSFER FROM:</u>		<u>TRANSFER TO:</u>	
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<u>Code Description:</u>	<u>Code Description:</u>
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** PLEASE FORWARD THIS FORM TO THE ASSISTANT SUPERINTENDENT FOR DISTRICT OPERATIONS**

APPROVAL AUTHORIZATION

Superintendent of Schools: _____

Date: _____

Board of Ed. Approval: _____

ACCOUNTING DEPARTMENT

Transfer Completion Date: _____