**EAST CENTRAL INDEPENDENT SCHOOL DISTRICT**
**BUDGET TRANSFER**

TO: Chief Financial Officer BA# (1)

From (2) JV# Date Entered / / (1)

**Do not enter a date in the above area**

| **Amount From(3) *** **Whole Dollars Only** | **Amount To (3) *** **Whole Dollars Only** | **Account Number (3)** |
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* ONLY ONE AMOUNT COLUMN IS COMPLETED PER LINE

**Reasons or Justification for Request:(4)**

| Requested by (5) Budget Manager | Date (5) | Approval (6) | Date(6) |
|---|---|---|---|
| | | | |

1. BA #, JV # and Date assigned by Chief Financial Officer
2. School/Department
3. Enter dollar amount to be changed (even dollars only) and Complete account code being changed.
4. Reasons or Justification for the request of budget trasfer must be included.
5. Signature of Budget Steward reqesting the change and date requested.
6. A budget change must be approved by the Chief Financial Officer
7. A copy of the budget transfer should be retained by the budget manager requesting the change.

**For all transfers beginning with 1xx (fund number) the transfer must be within the same function**