

**Union Grove Independent School District  
Budget Transfer Form**

Journal Voucher Number: \_\_\_\_\_

Campus or Department: \_\_\_\_\_

Date: \_\_\_\_\_

Budget Code						
Fund	Fnc	Obj	SO	Org	Yr	Pr

DESCRIPTION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Current Budget	Requested Increase/Decrease	Amended/Adjusted Balance

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Bus. Mgr./Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**YOU CANNOT REDUCE A BUDGET BY MORE THAN THE CURRENT ACCOUNT BALANCE AMOUNT**

**YOU MUST USE WHOLE DOLLAR AMOUNTS**