



# RICHLAND COUNTY SCHOOL DISTRICT ONE BUDGET TRANSFER FORM

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

For Budget Services Use Only		
Journal Number		Initials
Period		<del> </del>
Fiscal Year		<del> </del>
Date Keyed		
Date Posted		

	Supt.	Senior Associate	Director Budget Svc.
Approved			
Disapproved			

**Justification for Transfers:**

**DECREASE**  
From:

Organization Code (Org)	Object Code	Project Code	Amount

**INCREASE**  
To:

Organization Code (Org)	Object Code	Project Code	Amount

\_\_\_\_\_  
Principal/Department Head

\_\_\_\_\_  
Title