

**Expenditure Transfer Form**  
(Backup Documentation for Expenditure Transfers)

TO: Maxine Brown  
fax: X2261

FROM:

SUBJECT: **Expenditure Transfer**  
(one From/To line for each expenditure to be moved)

DATE:

Date of Approval:

**FROM:**

1. Account Number  
Account Name  
Date - Claim #  
Expenditure Item


AMOUNT

**TO:**

2. Account Number  
Account Name


AMOUNT

*(To amount minus from amount must equal zero)*

**NOTE: REASON FOR THE CHANGE REQUEST MUST BE STATED BELOW:**

**FROM:**

3. Account Number  
Account Name  
Date - Claim #  
Expenditure Item


AMOUNT

**TO:**

4. Account Number  
Account Name


AMOUNT

*(To amount minus from amount must equal zero)*

**NOTE: REASON FOR THE CHANGE REQUEST MUST BE STATED BELOW:**