North Salem Central School District

North Salem, NY

REQUEST FOR BUDGETARY TRANSFER

BUDGET YEAR 2024/2025

AMOUNT	FROM: BUDGET CODE BUDGET NAME	YTD TRANSFER $$ For Business Office Use Only	AMOUNT	TO : BUDGET CODE NAME	YTD TRANSFER $$ For Business Office Use Only

TOTAL:

$ -

TOTAL:

$ -

REASONS/REMARKS:

PREPARED & VERIFIED BY: _____ / _____
Signature **Date**

(For Amounts over $5,000) BOE APPROVAL _____ _____

PURCHASING AGENT	_____ / _____	**TRANSFERS COMPLETED:**	_____ / _____
	Signature **Date**		**Signature** **Date**