Clint Independent School District
Budget Transfer Request Form

eForm

Date: _____

Department / Campus : _____ Requested By : _____

Cabinet Member Approval: _____ Signature: _____

The I&S Department is required to approve all transfers for organizations 001 to 106 (campuses) and the appropriate Cabinet member is required for department transfers. Please enter transfers in whole dollars only. Transfers from one function to another will be submitted to the Board of Trustees for approval.

Item #		Fund	Function	Object	Sub Object	Org	Fiscal Year	Program Code	Local Code	Amount
1.	From									
	To									
2.	From									
	To									
3.	From									
	To									
4.	From									
	To									
5.	From									
	To									
6.	From									
	To									
7.	From									
	To									
8.	From									
	To									

Explanation: 1. _____

Explanation: 2. _____

Explanation: 3. _____

Explanation: 4. _____

Explanation: 5. _____

Explanation: 6. _____

Explanation: 7. _____

Explanation: 8. _____

Business Services Approval: _____ Date: _____

Updated: 04/12/2023