



**FABENS INDEPENDENT SCHOOL DISTRICT
BUDGET TRANSFER REQUEST FORM**

Appropriation

	Entry #	From Account:	Amount:	To Account:	Amount:
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Reason(s):

1.	
2.	
3.	
4.	
5.	
6.	
7.	

Signature: _____

Date: _____

Business Office Use Only

Entered by: _____

Date: _____

Approved by: _____

Date Posted: _____