

Great Neck UFSD
Budget Transfer Request
Budget Year 26-27

Administrator's Name

Location

Date

Budget Account Code

Budget Account Name

Amount

To:

Total \$ 0.00

Budget Account Code

Budget Account Name

Amount

Total \$ 0.00

Reason for transfer:

Date:

Signature of Administrator:

Date:

Signature of Deputy Superintendent:

Date:

Signature of Superintendent of Schools:

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Approved

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Denied

Date of BOE Approval for
amounts greater than \$50,000