Manchester Public Schools
Manchester, Connecticut

To: Accounting Department Date: _____

School: _____

Principal's Signature: _____ Date of Approval: _____

JUSTIFICATION (Required Field) : _____

_____

_____

SUBJECT: TRANSFER BUDGET MONIES FROM ONE LINE ACCOUNT TO ANOTHER

DECREASE In whole dollars only:

$_____ Account # _____ Description: _____

$_____ Account # _____ Description: _____

$_____ Account # _____ Description: _____

$0_____**TOTAL DECREASE**

INCREASE In whole dollars only:

$_____ Account # _____ Description: _____

$_____ Account # _____ Description: _____

$_____ Account # _____ Description: _____

$0_____**TOTAL INCREASE (Must match total decrease)**

Accounting Department Only

Board Approval Needed: Yes☐ No☐

Date of Board Approval: _____

Date Transfer Completed _____ Name: _____

Revised 10/05/2016 - kbm