

Wheatland-Chili Central School District
Scottsville, NY

REQUEST FOR BUDGETARY TRANSFERS

A. Date of Request _____

AMOUNT OF TRANSFER	TO (BUDGET CODE)	FROM (BUDGET CODE)	OFFICE USE

Explanation for transfer(s): _____

Requester's Name: _____

Principal or Director Signature: _____

Title: _____

>> Send to Business Office.

B.

Business Office Recommendation: Approval Disapproval

Remarks: _____

Business Manager or
Purchasing Agent Signature: _____

>> Send to District Office for approval.

C.

District Office Recommendation: Approval Disapproval

transfers under \$10,000 Chief School Officer Signature: _____

or..

transfers over \$10,000 Date of Board Resolution: _____

>> Return to Business Office for processing.