

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.**