

Wayne

Township Public Schools

REQUEST FOR TRANSFER OF FUNDS

Year Ending: 6/30/19

To: School Business Administrator/Board Secretary

From: _____ Date: _____

TRANSFER FROM:

TRANSFER TO:

ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT		ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT
TOTAL				TOTAL		

RATIONALE: (WHY ARE FUNDS NOW AVAILABLE)

RATIONALE: (WHY ARE ITEMS/SERVICES NEEDED)

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APPROVALS:

PROCESSED (BUSINESS OFFICE ONLY)

Director: Name: _____ Date: _____

Assistant BA/BS: Name: _____ Date: _____

School Business Administrator: Name: _____ Date: _____

Superintendent: Name: _____ Date: _____

Name: _____ Date: _____

Finance Committee: **(if over \$21,000)**

Name: _____ Date: _____