

# FUNDS TRANSFER FORM

*(transfers within a department \$4,999 or less)*

This instrument has been preaudited in  
the manner required by the Local  
Government Budget and Fiscal Control Act.

\_\_\_\_\_  
Finance Officer

DEPARTMENT: \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

LINE ITEM	ACCOUNT NUMBER	CURRENT BUDGET	INCREASE (DECREASE)	NEW BUDGET

EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This budget amendment has been approved by  
the appropriate Advisory Board.

\_\_\_\_\_  
Yes  
\_\_\_\_\_  
No

This instrument has been approved by the  
Board of Commissioners as requested.

\_\_\_\_\_  
County Manager