

Spartanburg County

Budget Transfer Form

Transfer No.

To: Office of Budget Management

From:

Date:

Request is hereby made for a Budget Transfer of funds as follows:

Account Name	Project No.	Account Number				Amount
		Fund	Code	Dept	Account	Increase (Decrease)

Justification for request (this section must be completed):

Requested by:

Posted	
By	Date

Processed by:

Date:

Approvals	
Budget Representative:	Date:
Budget Director:	Date:
Administrator:	Date: