

WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

REQUEST FOR BUDGETARY TRANSFERS

[Completed form should be sent to Assistant Superintendent for Business/Personnel]

Date: _____

Amount	From (Budget Code)	To (Budget Code)	<i>For use of Treasurer</i>	
			General Journal #	Date

Explanation:

Signature _____

Title _____

Originator

Recommend: Approval () Disapproval ()

Remarks:

Signature _____

William G. Domm
Assistant Superintendent of Business/Personnel

Recommend: Approval () Disapproval ()

Superintendent of Schools

Date