REV. FF1-2010

Fund To Fund Transfer
Request Form

From Fund _____ , _____
Number Name

To Fund _____ , _____
Number Name

_____ _____ _____
Agency or Department Requested By Date

Reason for Transfer: _____

_____

_____

_____

_____

_____

Please process a Fund to Fund Transfer in the amount of $ _____ . _____

From _____ . _____ . _____ _____
Expense Line-Item Line-Item Name

To _____ . _____ . _____ _____
Revenue Line-Item Line-Item Name

_____ _____
Authorized Signature Date

AUDITOR & COMMISSIONERS USE ONLY

Athens County Commissioners Approval Needed? YES_____ NO_____

Request has been Approved _____ Denied _____ Tabled _____

Approval Signatures

_____ _____
Auditor's Office Date

_____ _____
Commissioners Office Date

SUBMIT THIS FORM TO THE COUNTY AUDITOR'S OFFICE

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