## $\frac{\text{SAME FUND EXPENSE TO EXPENSE APPROPRIATION TRANSFER}}{\text{REQUEST FORM}}$

	Fund Number	Agency/Dept	
	Fund Name		
	Requested By		
	Telephone		
	Request that the County	Auditor Process an account to ac	ccount transfer:
From:		<u>.</u>	
To:	Line-item name	Line-item number	\$
From:	Line-item name	Line-item number •	
 To:	Line-item name	Line-item number • •	\$
From:	Line-item name	Line-item number	••
	Line-item name	Line-item number	·· \$
From:	Line-item name	Line-item number	
	Line-item name	Line-item number	<b>"</b> \$
To:	Line-item name	Line-item number	
From:	Line-item name	Line-item number	"   \$
To:	Line-item name	Line-item number	••
From:	Line-item name	• • • • • • • • • • • • • • • • • • •	'' \$
To:	Line-item name	Line-item number	••
From:	Line-item name	Line-item number	<b>"</b> \$
To:	Line-item name	Line-item number	٧
	<u>AUDITOI</u>	R & COMMISSIONERS USE ONLY	
Are U	Inappropriated funds available	e per Athens County Auditor's Offi	ice? YES NO
	Athens County Commis	sioners Approval Needed? YES	NO
Request has been	Approved	Denied	Tabled
by the County Commissioners  Signature			
Explanation of Denial:			