Please check one

☐ **Budget Transfer**

☐ **Expense Transfer**

EAST SIDE UNION HIGH SCHOOL DISTRICT

BUDGET / EXPENSE TRANSFER REQUEST FORM

Page **of**

DATE: _____

Fund	Loc	Prog	Goal	Function	Object	Resource	Year	Manager	DEBIT	CREDIT	DESCRIPTION
2 digits	3 digits	3 digits	4 digits	4 digits	4 digits	4 digits	1 digits	3 digits	(reduce available balance)	(increase available balance)	

Delete Info

Approved - Business Services

Administrator Signature

DATE POSTED

Program Coordinator Signature

4/25/01