

# Appropriation Transfer Request

Auditor's Number:

Date: \_\_\_\_\_

TO: Geauga County Board of County Commissioners

From: \_\_\_\_\_  
Department

\_\_\_\_\_  
Dept Head Signature

Fund: \_\_\_\_\_  
Fund Code

\_\_\_\_\_  
Fund Name

Comments: \_\_\_\_\_

(Attach necessary documentation to substantiate request)

Acct. #	FROM ACCOUNT(S) Account Name	Approp. Now*	-	Amt. Trans.	=	New Approp.
<b>Total FROM</b>						

\*From Expense Account Summary Screen E1

Acct. #	TO ACCOUNT(S) Account Name	Approp. Now*	+	Amt. Trans.	=	New Approp.
<b>Total TO</b>						

THE TOTAL FROM MUST EQUAL THE TOTAL TO.

\*From Expense Account Summary Screen E1

The Geauga County Board of Commissions hereby approves the above request for appropriation transfer in action by motion in their session on \_\_\_\_\_, \_\_\_\_\_, Journal No. \_\_\_\_\_.

\_\_\_\_\_  
 Clerk, Geauga Co. Bd. of Commissioners

Original : County Auditor  
 Copy: Commissioner  
 Copy: Above Department

Original and 2 copies required

Revised:  
 5/20/02