

# CASH TRANSFER REQUEST

Auditor's Number:

X Cash Transfer  
Y Operating Transfer

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

TO: Geauga County Board of County Commissioners

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

Department

Request authorization for the Auditor to execute a Cash Transfer.

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

Fund

To: \_\_\_\_\_

Fund

Amount of Transfer: \$ \_\_\_\_\_

From Expense Account: \_\_\_\_\_

To Revenue Account: \_\_\_\_\_

Purpose of transfer: \_\_\_\_\_

Attach necessary documentation.

ORC Authority as applicable: \_\_\_\_\_

## MUST BE COMPLETED BY DEPARTMENT

FROM Fund Cash OK \_\_\_\_

G/L Account Inquiry 101.9999

FROM Acct Approp OK \_\_\_\_

G/L Account Inquiry - Exclude PY

Checked by: \_\_\_\_\_

Dept. Head Approval: I hereby certify that sufficient appropriations and cash exist to meet this transfer request.

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \_\_\_\_\_, \_\_\_\_\_, Journal No. \_\_\_\_\_.

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

Original: County Auditor

Copy: Commissioners

Copy: Above Department

Original and 2 copies required

Revised: 8/2/17