

**SOUTH HARRISON ELEMENTARY SCHOOL DISTRICT  
LINE ITEM TRANSFER REQUEST**

**All requests for line item budget transfers must be submitted for approval**

Date requested: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Requested Transfer \_\_\_\_\_ Amount \_\_\_\_\_

<b>FROM:</b>	Fund	Program	Function	Object	Location	Subject	
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

<b>TO:</b>	Fund	Program	Function	Object	Location	Subject	<u>Amount</u>
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

Justification: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Superintendent's Approval \_\_\_\_\_

<u>Business Office Use Only</u>	
Date Processed:	_____
Reference Number:	_____
Initial:	_____