



TRANSFER FUNDS

Transfer from Program : _____

GL Account

Amount

_____ \$ _____.
_____ \$ _____.

Total \$ _____ Income Expense

Transfer to Program : _____

GL Account

Amount

_____ \$ _____.
_____ \$ _____.

Total \$ _____ Income Expense

Reason for Transfer:

Submitted By: _____ Date ____/____/____

Submitted To: _____ Via _____

State Office/Treasurer

Created By: _____ Date created ____/____/____

Date Entered into QB ____/____/____ JE # _____