

School Board of Alachua County – Business Services
Requisition for Transfer of Expense

To: Finance Department

I.D.# _____ Reference # _____

Date: _____

School: _____

Department _____

Requested by: _____

Signature: _____

Authorized Signature

Description:

Accounts To Be Debited (Charged)

Fund	Center	Object	Function	Prog.	Project	Strategy	Amount

Total Debits _____

Accounts To Be Credited

Fund	Center	Object	Function	Prog.	Project	Strategy	Amount

Total Credits _____