

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

To: Finance Department  
 Date: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Department \_\_\_\_\_  
 Requested by: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
Authorized Signature

I.D.# \_\_\_\_\_ Reference # \_\_\_\_\_

Description:

**Accounts To Be Debited (Charged)**

Fund	Function	Object	Facilities	Subproject	Program

Total Debits \_\_\_\_\_

**Accounts To Be Credited**

Fund	Function	Object	Facilities	Subproject	Program

Total Credits \_\_\_\_\_