

# Board of County Commissioners



## TRANSFER OF FUNDS

(Movement of cash from one fund to another)  
From Transfer Expense to Transfer Revenue Code

Date:

Submitted by:

Office/Department:

FROM: ACCOUNT CODE (EXPENSE)	EXPENSE CODE DESCRIPTION	TO: ACCOUNT CODE (REVENUE)	REVENUE CODE DESCRIPTION	AMOUNT
1001-17-990-507000	County-Transfers	1003-90-100-490000	Fuel Facility-Transfers	\$100.00

Rationale:

Amend Certificate of Estimated Resources?  
(If yes, please submit the appropriate form along with this request.)

Yes

No

Signature of Approving Authority: \_\_\_\_\_

For use by the Commissioners' Office:

Resolution Number: \_\_\_\_\_

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