



Orange County Community College

# Appropriation Transfer Form

Transfer Number \_\_\_\_\_

**Reason for Request:**


**The following transfer of funds is requested:**

	Fund	Dept	Expenditure Account	Expenditure Account Title	Amount Requested
From: (-)					
To: (+)					

From: \_\_\_\_\_

Department Approval \_\_\_\_\_ Date \_\_\_\_\_

To: \_\_\_\_\_

Department (if applicable) \_\_\_\_\_

Department Approval \_\_\_\_\_ Date \_\_\_\_\_

VP Approval \_\_\_\_\_ Date \_\_\_\_\_  
(For interdepartmental transfers only)

Comptroller \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Disapproved