

Description Change

Transfer Request

OCONEE COUNTY, SOUTH CAROLINA
BUDGET REVISION FORM

[Yellow box for date of request]

DATE OF REQUEST

[Yellow box for fiscal year]

FISCAL YEAR

[Yellow box for department name]

DEPARTMENT NAME

[Yellow box for signature of department director]

SIGNATURE OF DEPARTMENT DIRECTOR

T R A N S F E R T O	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ LINE ITEM ACCOUNT NUMBER	_____ LINE ITEM DESCRIPTION	_____ AMOUNT TO TRANSFER
	EXPLAIN WHY THIS ITEM(S) IS NEEDED AND WHY IT WAS NOT INCLUDED IN THE ORIGINAL BUDGET.		
	_____ _____ _____ _____		
	<input type="checkbox"/> YES <input type="checkbox"/> NO WAS THIS ITEM PREVIOUSLY CUT FROM YOUR BUDGET DURING THE BUDGET PROCESS?		

T R A N S F E R F R O M	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ LINE ITEM ACCOUNT NUMBER	_____ LINE ITEM DESCRIPTION	_____ AMOUNT TO TRANSFER (Round up to the nearest whole dollar)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ LINE ITEM ACCOUNT NUMBER	_____ LINE ITEM DESCRIPTION	_____ AMOUNT TO TRANSFER (Round up to the nearest whole dollar)
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ LINE ITEM ACCOUNT NUMBER	_____ LINE ITEM DESCRIPTION	_____ AMOUNT TO TRANSFER (Round up to the nearest whole dollar)
	WHY ARE THERE EXCESS FUNDS IN THIS ACCOUNT? WHAT ITEM WILL NOT BE NEEDED THAT WAS APPROVED DURING THE BUDGET PROCESS?		
	_____ _____ _____		

A P P R O V A L	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED
	_____ <i>Amanda F. Brock - County Administrator</i>

<input type="checkbox"/> FUNDS AVAILABLE <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
_____ <i>Ladale Price - Finance Director</i>