

TUOLUMNE COUNTY OFFICE OF THE AUDITOR-CONTROLLER BUDGET TRANSFER FORM

DATE		
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POST DATE _		

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Revised 5/99

IRANSFER FROM:					
ORGANIZATION NAME:					
	ORGANIZATION NUMBER	R	_		
ACCOUNT TITLE	ACCOUNT NUMBER	AMOUNT	JOURNAL#		
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	TOTAL	\$			
TRANSFER TO:					
ACCOUNT TITLE	ACCOUNT NUMBER	AMOUNT	JOURNAL#		
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	TOTAL	\$			
Explanation:					
Auditor Approval		Dept Head Approval			
CAO Approval	Board Approval				
Prepared By					

White: Auditor Copy Yellow: CAO Copy Pink: Department Copy