Alachua County Public Schools

Business Services
Requisition for Transfer of Expense

To: Finance Department

Date:_____

School:_____

Department_____

Requested by:_____

Signature:_____
<div align="center">Authorized Signature</div>

I.D.#_____

Reference #_____

Description:

Accounts To Be Debited (Charged)

Fund				"E"	Function			Object				Facilities			Subproject			Program		

Total Debits:_____

Accounts To Be Credited

Fund				"E"	Function			Object				Facilities			Subproject			Program		

Total Credits:_____