SCOTLAND COUNTY BOARD OF EDUCATION

BUDGET TRANSFER
Fiscal Year _____

Reason for requests:

School or Program:

FROM		(Whole Dollars Only)	TO		(Whole Dollars Only)
CODE	**CODE DESCRIPTION**	**AMOUNT**	**CODE**	**CODE DESCRIPTION**	**AMOUNT**

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Requested By: Date:

Approved By: Date:

Disapproved: Date:

FOR FINANCE OFFICE USE ONLY	
BJE#_____ DATE:_____ INITIALS: _____	Report to Board? Yes ☐ No ☐