



Oradell Public School District

*Our children,
our hope,
our future*

Date: _____

To: Business Office

From: _____

RE: Transfer of Funds

Below, please find my request for a transfer of funds:

From:

11-_____-_____-_____-_____-_____-_____-_____ \$ _____

11-_____-_____-_____-_____-_____-_____-_____ \$ _____

To:

11-_____-_____-_____-_____-_____-_____-_____ \$ _____

11-_____-_____-_____-_____-_____-_____-_____ \$ _____

Reason: Please indicate why funds are now available to support this transfer

Authorized Signature

For Business Office Use only:

School Business Administrator Approval Date

Transfer #