

COUNTY OF SISKIYOU
SPECIAL DISTRICT
TRANSFER REQUEST AND APPROVAL

Due to budget deficiency, or unanticipated expense, we are requesting a transfer, or an additional appropriation for the following purpose:

DISTRICT NAME:

FROM:				TO:			
FUND	ORG	ACCT	AMOUNT	FUND	ORG	ACCT	AMOUNT
		Total				Total	

Approved this ____ day of _____, 20 __

_____ Board Chairman

_____ Board Member

_____ District Secretary

_____ Board Member

For a five board member district, transfer requires three signatures. For a three board member district, transfer requires two signatures.

_____ County Auditor