

**BARSTOW UNIFIED SCHOOL DISTRICT
REQUEST FOR BUDGET TRANSFER**

School/Department _____

Date _____

FROM

FUND	RESOURCE	Y	GOAL	FUNCTION	OBJECT	SITE	MGMT	\$ AMOUNT
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FUND	RESOURCE	Y	GOAL	FUNCTION	OBJECT	SITE	MGMT	\$ AMOUNT
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Principal/Supervisor Signature

Date

Please send or FAX to Fiscal Services (760) 255-8965