

Town of Colchester
 General Fund
 Budget Transfer/Additional Appropriation

Department:

Reason for Request:

Reason for Available Funds:

From:	Account Number	Account Name	Amount
	<input type="text" value="18501-36250"/>	<input type="text" value="Use of G/F Unassigned Fund Balance"/>	<input type="text" value="43,034"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

To:	<input type="text" value="18501-50500"/>	<input type="text" value="Transfer to Capital - Senior Center"/>	<input type="text" value="43,034"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	
Date Requested	Department Director or Supervisor - Signature
	Print Name <input type="text" value="Mary Bylone, First Selectman"/>
<input type="text"/>	
Date Reviewed	Chief Financial Officer
<input type="text"/>	
Date Approved	First Selectman
<input type="text"/>	
Date Approved	Board of Selectmen Clerk
<input type="text"/>	
Date Approved	Board of Finance Clerk