

Town of Colchester
 General Fund
 Budget Transfer/Additional Appropriation

Department:

Reason for Request:

Reason for Available Funds:

From:	Account Number	Account Name	Amount
	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>

To:	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>

Date Requested

Department Director or Supervisor - Signature

Print Name

Date Reviewed

Chief Financial Officer

Date Approved

First Selectman

Date Approved

Board of Selectmen Clerk

Date Approved

Board of Finance Clerk