

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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

To:

<input type="text"/>	<input type="text"/>	<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**

**Date Reviewed**

\_\_\_\_\_  
**Chief Financial Officer**

**Date Approved**

\_\_\_\_\_  
**First Selectman**

**Date Approved**

\_\_\_\_\_  
**Board of Selectmen Clerk**

**Date Approved**

\_\_\_\_\_  
**Board of Finance Clerk**