FOOTHILL-DE ANZA
Community College District

Foothill-De Anza Community College District

EXPENSE TRANSFER REQUEST

Fiscal Year_____/_____

DESCRIPTION	TRANSFER FROM	TRANSFER TO	FUND (6 Digits)	ORG (6 Digits)	ACCT (4 Digits)	PROG (6 Digits)	AMOUNT
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REASON FOR CHANGE: _____

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REQUESTED BY: _____ APPROVED BY: _____ DATE: _____

BUDGETER