

BUDGETARY TRANSFER REQUEST FORM

Warren County School District

Individual Requesting
Transfer of Funds:

Barbara Cook for Amanda Hetrick

Date: _____

Building: _____ Title II

Budget
Year: 2011-2012

Adj to Actual Budget

Budget
Request
#1

The amount of funds requested for transfer from this account indicates more funds are available than required this year.

This is the current "budget," amount not the current balance amount.

From(Cr):						
BUN #	Acct #	Account Description	Amount of Transfer Requested	Current Budget Amount	Adjusted Budget After Transfer	
0122708000055057	120	Regular Salaries	112.00	116,112.00	116,000.00	
122708000055057	260	Workers Comp	2,969.00	2,969.00	0.00	
0122708100000057	250	Unemployment Comp	1,500.00	1,500.00	0.00	
0128508000000085	111	Director Salary	0.22	0.22	0.00	
0128508100000085	150	Office Secy	0.22	0.22	0.00	
0111000000000000	240	Tuition Reimbursement	60,667.25	213,250.00	152,582.75	
					0.00	
TOTAL CREDITS			65,248.69	333,831.44	268,582.75	

Budget
Request
#1

The amount of funds requested for transfer to this account indicates more funds are needed than estimated for this year.

This is the current "budget," amount not the current balance amount.

To (Db):						
BUN #	Acct #	Account Description	Amount of Transfer Requested	Current Budget Amount	Adjusted Budget After Transfer	
0115008000000057	325	Contracted Services	4,254.00	0.00	4,254.00	
0122608000000057	120	Regular Salaries	7,375.00	0.00	7,375.00	
0122608000000057	220	Social Security	565.00	0.00	565.00	
0122608000000057	230	Retirement	638.00	0.00	638.00	
0122708000055057	211	Medical	14,014.56	27,985.44	42,000.00	
0122708000055057	212	Dental	871.92	1,528.08	2,400.00	
0122708000055057	213	Life	126.00	174.00	300.00	
0122708000055057	220	SS	292.44	12,707.56	13,000.00	
0122708000055057	230	PSERs	631.31	14,368.69	15,000.00	
0122708000000057	581	Conferences	19,938.00	0.00	19,938.00	
0125008000000057	850	Indirect Costs	4,500.00	0.00	4,500.00	
0128508000000057	150	Office Secy	3,487.46	16,512.54	20,000.00	
0128508000000057	211	Medical	5,000.00	0.00	5,000.00	
0128508000000057	212	Dental	200.00	0.00	200.00	
0128508000000057	213	Life	75.00	0.00	75.00	
0128508000000057	220	SS	1,530.00	0.00	1,530.00	
0128508000000057	230	Retirement	1,750.00	0.00	1,750.00	
					0.00	
TOTAL DEBITS			65,248.69	73,276.31	138,525.00	

Directions: This form is to be submitted by the individual who has "budget oversight responsibility" and the authority to transfer funds in accordance with Board Policy. When it is determined that a specific budget account requires additional funds beyond those originally budgeted to meet approved/planned expenditures, a request may be made to transfer funds from a budget account that has "excess funds" available from what was estimated in the budget. Questions on any requested budget transfers should be forwarded to the Director of Business Services.

CENTRAL OFFICE APPROVAL: _____

DATE: _____