



***EDGEFIELD COUNTY SCHOOLS
FISCAL SERVICES***

BUDGET TRANSFER FORM

DATE: _____

SCHOOL NAME: _____

TRANSFER:

FROM ACCOUNT: _____

TO ACCOUNT: _____

AMOUNT OF MONEY TO BE TRANSFERRED: \$ _____

REASON:

SIGNATURE: _____
PRINCIPAL/SUPERVISOR

**SCAN FORM TO ARHATCHER@EDGEFIELD.K12.SC.US OR
JJOHNSON@EDGEFIELD.K12.SC.US**