



Wenatchee Valley College  
ACCOUNTING TRANSFER REQUEST - Capital

Fiscal Year: 20                      /20

Description	Transfer		Fund	Class	APPR	Dept	Account	Project	Activity	Amount
	From	To	(3 digits)	(3 digits)	(3 digits)	(5 digits)	(7 digits)	(10 digits)	(4/5 digits)	

Reason for Change:

Budget Authority Signature: \_\_\_\_\_ Printed Name:

Date \_\_\_\_\_

Budget Authority Signature: \_\_\_\_\_ Printed Name:

Date \_\_\_\_\_

Vice President Approval: \_\_\_\_\_ Printed Name:

Date \_\_\_\_\_

Vice President Approval: \_\_\_\_\_ Printed Name:

Date \_\_\_\_\_

After signatures are obtained,  
please route the final copy to  
Debra Maxwell in the  
Business Office.

**For non-Capital, see separate  
form**