



Wenatchee Valley College

EXPENSE TRANSFER REQUEST

Fiscal Year: 20 /20

Description	Transfer		Fund (3 digits)	Class (3 digits)	Dept (4 digits)	Account (7 digits)	Amount
	From	To					

Reason for Change:

Budget Authority Signature: _____ Printed Name: _____ Date _____

Budget Authority Signature: _____ Printed Name: _____ Date _____

Budget Authority Signature: _____ Printed Name: _____ Date _____

Budget Authority Signature: _____ Printed Name: _____ Date _____