

Request to Transfer Allocation - Form BUD-3 (06/22)

|   |                |              |
|---|----------------|--------------|
| <b>MEMO TO: **Complex Area Business Manager (CABM) or ***Budget Execution Section</b> |                |              |
| <b>FROM: SCHOOL NAME:</b>   |                | <b>Date:</b> |
| <b>DIST OFF Cd:</b>   | <b>ORG ID:</b> |              |
| <b>Preparer's Name, Phone # &amp; Extension</b>                                       |                |              |

**Transfer funds from ORG to ORG:**

|                                     |  |                                |                             |
|-------------------------------------|--|--------------------------------|-----------------------------|
| From: ORG NAME:                     |  | To: ORG NAME:                  |                             |
| ORG ID:                             |  | ORG ID:                        |                             |
| Program ID-BFY:                     |  | District:                      |                             |
| Character:                          |  | (this field must be completed) |                             |
| <b>Amount to be transferred: \$</b> |  |                                | <b>(WHOLE DOLLARS ONLY)</b> |

**Transfer funds from Program ID to another Program ID (Non WSF funds)\*:**

|                                     |  |                 |                             |
|-------------------------------------|--|-----------------|-----------------------------|
| From: PROG NAME:                    |  | To: PROG NAME:  |                             |
| Program ID-BFY:                     |  | Program ID-BFY: |                             |
| From: Character:                    |  |                 |                             |
| <b>Amount to be transferred: \$</b> |  |                 | <b>(WHOLE DOLLARS ONLY)</b> |

**\* NOTE: Transfers between EDNs, BFYs, and Means of Financing are not allowed.**

**Character to Character transfer will need to be documented with an Allocation Notice. Please contact the program manager.**

|  |   |
|--|---|
| <p><b>1. EXPENDITURE PLANS MUST BE REDUCED. AMOUNTS(S) TO BE TRANSFERRED MUST BE REFLECTED IN "UNALLOTTED" IN THE EXPENDITURE PLAN SCREEN.</b></p> <p>2. Delay in processing will occur if no. 1 is not completed.</p> |   |
| <p>I hereby request that the above action be taken for the purpose of:</p> <p style="background-color: yellow; height: 40px; margin: 5px 0;"></p>  |   |
| <p>_____</p> <p>Authorized Signature</p>   | <p>_____</p> <p>Date:</p>   |
| <p>CABM or Budget Branch Action taken:</p>   |   |
| <p>Staff Clearance:</p> <p style="text-align: center;"> <input type="checkbox"/> Approved      <input type="checkbox"/> Not Approved         </p>  | <p><input type="checkbox"/> Log Number</p>  |
| <p>Entered by: _____</p>   | <p>_____</p> <p>Date:</p>   |
| <p><b>** SCHOOLS, COMPLEXES AND COMPLEX AREA OFFICES:</b><br/>Please send BUD-3 form to respective Complex Area Business Manager (CABM) for processing.</p>  | <p><b>*** STATE OFFICES:</b><br/>Please email BUD-3 form to:<br/>G-OFS-Budget Execution</p> |
| <p><b>ONE TRANSACTION per Form</b></p>   |   |