**TRANSFER**

**REQUEST FORM**

**Please use this form to submit any request to the County Clerk for consideration by the Quorum Court**

Date: Sept. 21, 2023\_\_\_

To: QUORUM COURT

From:\_ Election Comm \_\_\_\_\_\_\_\_\_\_

 (Name) (Office/Title)

TRANSFER REQUEST:

From: (Fund/Dept/Line Item) To: (Fund/Dept/Line Item) Amount

**1000-109-3100**\_ \_\_\_\_\_\_\_\_\_ **1000-109-1006**\_\_\_\_\_\_\_\_\_\_\_ **$ 43.35**

Other Sundry Social Security \_\_

**1000-109-3100**\_\_\_\_\_\_\_\_\_\_\_\_ **1000-109-1010**\_\_\_\_\_\_\_\_\_\_\_ **$ 924.74**

Other Sundry \_\_\_\_\_\_\_\_\_ Work Comp \_\_\_\_ \_\_\_\_\_\_\_

REASON FOR REQUEST:

**To move monies where need**

COMMENTS:

**Please attach any documentation that pertains to this request**