TOWN OF DIGHTON
END OF YEAR BUDGET TRANSFER REQUEST FORM

To the Board of Selectmen in concurrence with the Finance Committee of the Town of Dighton, request is hereby made for the following transfer of funds in accordance with MGL Ch.44 S.33B. as amended by Chapter 77 of the acts of 2006

DEPARTMENT TRANSFERRING FUNDS:

Name of Department: _____

Amount Requested to be Transferred: $ _____

Source of Funds: **Appropriation Name** _____

Appropriation Number # _____

Total Annual Budget (as voted by Town Meeting): _____

Total Allowable Transfer **(Greater of $5,000 or 3% of Annual Budget)** $ _____

Previous End of Year Budget Transfers: $ _____

DEPARTMENT RECEIVING FUNDS:

Name of Department: _____

Use of Funds: **Appropriation Name** _____

Appropriation Number # _____

This End of Year Budget Transfer is necessary for the following reasons:

_____

_____

_____

SIGNATURES:

Transferring Dept:

Department Head _____ *date* _____

Receiving Dept:

Department Head _____ *date* _____

Availability of Funds:

Town Accountant _____ *date* _____

Approval:

Board of Selectmen, Chairperson _____ *date approved* _____

Board of Selectmen _____ *date approved* _____

Board of Selectmen _____ *date approved* _____

Finance Committee, Chairperson _____ *date approved* _____

Action of Finance Committee	**Action of Board of Selectmen**
Date of Meeting	Date of Meeting
Number present and voting	Number present and voting
Transfer voted in sum of $	Transfer voted in sum of $
Transfer Disapproved	Transfer Disapproved

Request should be made and transfers voted before any expenditure is incurred in excess of the appropriation. (Rev. Feb. 2011)