

**Brady Independent School District
Transfer of Funds Within Function**

Date: _____

To: Superintendent

From: _____

Request is made for approval of transfer of funds within Function _____ as follows:

Decrease:

Account Name	Account Code	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Increase:

Account Name	Account Code	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Transfer: _____

Requestor Signature: _____

Federal Programs Director _____

Superintendent: _____

Date Approved: _____