

**COUNTY OF SISKIYOU**  
**SPECIAL DISTRICT**  
**TRANSFER REQUEST AND APPROVAL**

Due to budget deficiency, or unanticipated expense, we are requesting a transfer, or an additional appropriation for the following purpose:

DISTRICT NAME:

FROM:				TO:			
FUND	ORG	ACCT	AMOUNT	FUND	ORG	ACCT	AMOUNT
		Total				Total	

Approved this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_ Board Chairman

\_\_\_\_\_ Board Member

\_\_\_\_\_ District Secretary

\_\_\_\_\_ Board Member

For a five board member district, transfer requires three signatures. For a three board member district, transfer requires two signatures.

\_\_\_\_\_ County Auditor