



Wenatchee Valley College
ACCOUNTING TRANSFER REQUEST - Capital

Fiscal Year: 20 /20

Description	Transfer (check 1 box)		Fund	Class	APPR	Dept	Account	Project	Activity	Amount
	From	To	(3 digits)	(3 digits)	(3 digits)	(5 digits)	(7 digits)	(10 digits)	(4/5 digits)	(Net to Zero)

Reason for Change:

Budget Authority Signature: _____ Printed Name:

Date_____

Budget Authority Signature: _____ Printed Name:

Date_____

Vice President Approval:_____ Printed Name:

Date_____

Vice President Approval:_____ Printed Name:

Date_____

After signatures are obtained,
please route the final copy to
Debra Maxwell in the
Business Office.

**For non-Capital, see separate
form**