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| **TRANSFER OF APPROPRIATIONS REQUEST (Form DA-B-26)** | | | | | | |
|  | | | | | | |
| Agency/Department: | | | Date Prepared:Select Date | | | |
|  | | | | | | |
| Transfer Requested for: *(check box)* | | | Authority: | | | |
| Transfer of appropriation balance(s) | | | 32 V.S.A. § 706(1) | | | |
| Transfer of appropriation balance(s) [Emergency-Board] | | | 32 V.S.A. § 706(2) | | | |
|  | | | | | | |
| From Appropriation | Fund / DeptID | To Appropriation | | Fund / DeptID | | $ Amount | |
|  |  |  | |  | |  | |
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|  | | | | | | | |
| Justification. Explain Requirements for Transfer: | | | | | | | |
| Availability of Funds to be Transferred: | | | | | | | |
| Transfer Necessary by Date: Select Date | | | | | | | |
|  | | | | | | | |
|  | | | | |  | | |
| **Agency / Department Head Signature** | | | | | **Date** | | |

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| --- | --- |
| For Finance & Management Use Only | |
|  |  |
| **Financial Operations Signature** | **Date** |
|  |  |
| **Commissioner of Finance & Management** | **Date** |