|  |
| --- |
| **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 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|  |
| Justification. Explain Requirements for Transfer:       |
| Availability of Funds to be Transferred:       |
| Transfer Necessary by Date: Select Date |
|  |
|  |  |
| **Agency / Department Head Signature** | **Date** |

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