FOOTHILL-DE ANZA
Community College District

Foothill-De Anza Community College District

EXPENSE TRANSFER REQUEST

Fiscal Year: 20____/ 20____

Description	Transfer From/To	Index * (6 Digits)	Fund (6 Digits)	Orgn (6 Digits)	Account * (4 Digits)	Program (6 Digits)	Amount

Reason for Change: _____

_____

Requested by: _____ **Approved by:** _____ **Date:** _____

Revised 06/30/2011