

**Town of West Seneca
Budgetary Transfer Request**

The following budgetary transfers are requested as indicated below to be approved

From:

Account Number	Description	Amount
1.1990.0480	Contingent Account	800.00
TOTAL		800.00

To:

Account Number	Description	Amount
1.1380.0451	Professional Agent Fees	800.00
TOTAL		800.00

Justification:

To cover invoice for fiscal agent fees to CMA

DEPARTMENT HEAD APPROVAL

Availability to Appropriation Checked
 By Director of Finance _____

INITIAL

DATE