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Allocation, Revision or Transfer Form

Amount: _____Date: _____/_____/_____

Senate Bill _____

Sponsor(s) _____

_____

_____

From: _____
Account Name Category

To: _____
Account Name Category

Or

Within:

From_____ To: _____
Account/Category Account/Category

Purpose & Description: (Use back of form for more space if needed)

Organization Director _____ Phone Number: _____

Itemized Expenditures: Only use this area if ALL expenditures can be listed.
If ALL do not fit then use a separate sheet of paper and staple to this form when turning in.

Quantity	Description	Unit Price
	Total	$ 0.00