Allocation, Revision or Transfer Form

Amount:	<u> *1039.00</u>	Date: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Senate Bill	47		
Sponsor(s)	Lusaka		
From: S	enate Projects		
	Account Name	Category	
то: <u>Ні</u>	Account Name		
Or	Account Name	Category	
Within:			
From		To:	
	Account/Category	Account/Category	
Purpose &	Description: (Use back of form for	or more space if needed)	
flights	for their conference.	SU from Senate Projects in order	to pay for
,			
Organizatio	on Director	Phone Number:	
Itemized Ex	penditures: Only use this area if	ALL expenditures can be listed.	
	If ALL do not fit then us to this form when to	se a separate sheet of paper and staple	
Quantity		Description	Unit Price
		Total	\$ 0.00
		-	
	ance Committee Chairman Failed Date:	Senate Action:	
Other	101 - 101 -	Other	