Budget Transfer Request Form

Date: , 20

It is requested that this budget transfer be approved for the grant(s) and the amount(s) indicated below.

(Grant Type - 5303, 5304, 5305, 5310)

(Name of Agency Accountant)

(Name of Agency) (Name of Agency Director)

|  |  |
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| **HDOT/STP Authorization:**  **Division Program Manager** **Grant Program Manager** **Federal Grant Number** | **STP Office Use Only:**  **Initials: Date:**  **Approved / Modified / Denied (Circle One)** |

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| AMOUNT | TRANSFER FROM | TRANSFER TO | JUSTIFICATION/REASON | FROM ALI | TO ALI |
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Budget Transfer: This form is required when there is no new funding source and no change in the ALI for transferred funds.

Other Clarifications: (Attach modified ledger spreadsheet and note balance adjustments)

REMINDER: The local match (20%) must be rebalanced with the federal (80%) to equal total grant amount (100%).