

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)

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

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%).