



# Hutchinson County

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Leshia Krieg, County Auditor

## LINE ITEM TRANSFER REQUEST

(Use to transfer budgeted funds from one line item to another)

FISCAL YEAR: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

### FROM LINE ITEM:

Account Number	Account Name	Amount to Transfer

### TO LINE ITEM:

Account Number	Account Name	Amount to Transfer

### REASON:

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Department Head Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Auditor Signature

\_\_\_\_\_  
Date