STATE OF OHIO
CONTROLLING BOARD
30 East Broad Street, 34th Floor
Columbus, Ohio 43266-0411
(614) 644-6441 FAX: (614) 466-3813

OPERATING TRANSFER REQUEST

Controlling Board No.

GENERAL INFORMATION

Agency Name	Pursuant to Revised Code Section 127.14, the following transfer is requested:	Eligible for OBM Director Approval?	O Yes O No
	O Appropriation O Appropriation & Cash O Cash O Other Statutory Authority/Bill Section _____	Bill No.	

TRANSFER INFORMATION

From	To	Fiscal Year	Fund Group	Fund Code	Appropriation Line Item	Appropriation Line Item Name	Amount to be Transferred
O	O				–		
O	O				–		
O	O				–		
O	O				–		
O	O				–		
O	O				–		
O	O				–		
O	O				–		
O	O				–		
O	O				–		

SIGNATURES

_____
Agency Director or Authorized Agent

On The Date Of _____

_____
Date

_____
Controlling Board President/OBM Director

AGENCY CONTACT

Name _____ Title _____

Phone ( ) _____ Fax ( ) _____ E-Mail _____

REQUIRED EXPLANATION OF REQUEST