

Transfer of Funds Request under Minnesota Laws 2020, Chapter 116/House File 4415, Article 3 Section 8

Please submit this form with attachments via email to MDE.UFARS-Accounting@state.mn.us.

District Information

District Name: _____ District Number: _____ District Type: _____

Superintendent's Name: _____ Fiscal Year: _____

Requested Amount of Transfer: \$ _____

	Fund	Program Code	Finance Code	Balance Sheet Reserve Account Number	Balance Sheet Reserve Name	Funding Statute
To:						
From:						

Summarize the intended purpose and uses of the transferred funds (Please be specific):

The following must be attached:

- ☐ Copy of the board resolution stating the fund transfer must not interfere with the equitable delivery of distance learning or social distancing models.
- ☐ Copy of the board minutes documenting adoption of the board resolution (above) and board approval for the transfer of funds in the amount of this application.

Verification of Information

I hereby verify that the information provided on this form is true and accurate to the best of my knowledge.

Superintendent – Signature

Date

Board Chair or Board Designee – Signature

Date