



STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION

FEDERAL FUNDS TRANSFER FORM

*Funds may only be **transferred FROM** Title II, Part A; Title IV, A, AND **transferred INTO** Title I Part, A; Title I, Part C; Title I, Part D; Title II, Part A; Title III, Part A; and Title V, Part B.*

District Name: _____

Transfer From:

Program Name

Project Number

Date of Transfer Request: _____

Current Year Budget Total: _____

Amount to be Transferred: _____

Transferred Into:

Program Name

Project Number

Superintendent's Signature: _____

Date Signed: _____

Business Official's Signature: _____

Date Signed: _____

Program Contact Name: _____

Phone Number: _____

Program Contact Email: _____

SCDE Review and Approval: _____ Date: _____