City of Holyoke

Form TR-1 (6/92)

Request for Appropriation Transfer Within a Classification

Dept. Name			Date/_	/
	ctfully request that the fol ated (X) appropriation cla			
	Personal Services_	Expenses	Capital Outlay_	
Account	No.		\$ Amount	
Organization	Object	Account Name	From	To
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Reason for reques	st:			
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Head of Depar	tment		Mayor	