

**CASH MOVE FORM  
FROM BY16 TO BY17  
OFFICE OF FISCAL MANAGEMENT**

Business  
Area #: \_\_\_\_\_

MAGIC FUND NUMBER	CASH AMOUNT TO MOVE TO BY2017

\_\_\_\_\_  
Business Area Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address

This form **MUST** be returned to the Office of Fiscal Management by **June 24, 2016** to the following address:

Attention: Barbara Elliott

Department of Finance and Administration

Office of Fiscal Management

P. O. Box 1060

**OR**

HANDMAIL

**OR**

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