

OFFICE OF THE COMPTROLLER OPERATING TRANSFER REQUEST FORM

	Date	
Email		Phone
	Approved By	
	Email	Email

INSTRUCTIONS

Please email the completed form to CTR-DL-BudgetIntake@mass.gov.

Document ID			
Transaction		Document ID	
Department		Budget Fiscal Year	
R/ORG		Document Total	
Select One			
Entry	Modification		
Description			

Provider/Seller		
Fund	Appropriation	
Sub Fund	Seller Department	
Department	Revenue Source	
Unit	Amount	



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Reference Doc ID		
Line	Department	
Fund	Appropriation	
Unit	Object Code	
Program	Amount	
Activity	Phase	
Org/SB		

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