

<u>Town of Templeton – Advisory Committee</u> Request for Transfer Between/Within Accounts



All requests must be approved prior to spending beyond current appropriation. Requestors are encouraged to accompany COMPLETED request forms in-person to the Advisory Committee meeting to answer any questions the board may have. This will avoid delays and ensure a timely decision on the request. PLEASE NOTE that any requests MUST be approved by the Board of Selectpersons BEFORE coming to the Advisory Committee for final approval.

Approval Signature Loop

| SIGNATURE | PRINT NAME | SIGN NAME | DATE |
|--------------------------------|------------|-----------|------|
| Requestor | | | |
| Board of Selectpersons - Chair | | | |
| Advisory Committee - Chair | | | |

This request is made for the described transfer between accounts, in accordance with Massachusetts General Laws, Chapter 44, Section 33B.

TOTAL AMOUNT REQUESTED: \$_____

| From Account Name(s) | From Account Number(s) | Amount(s) |
|----------------------|------------------------|-----------|
| | | |
| | | |
| | | |
| To Account Name(s) | To Account Number(s) | Amount(s) |
| | | |
| | | |
| | | |

Requests must include the following information. Add additional pages as necessary.

- PURPOSE OF REQUEST: (Describe how the funds will be used.)
- REASON FOR REQUEST: (Explain the circumstances that make the request necessary.)
- ALTERNATIVE PROPOSALS CONSIDERED: (List, including cost estimates, pros & cons, etc.)
- **IMPACT IF REQUEST IS DENIED:** (Describe the emergency nature of the request.)

ADVISORY COMMITTEE ACTION:

| Members Present and Voting | | | | | |
|----------------------------|-----------|--|--|--|--|
| YES | NO | | | | |
| \$ | | | | | |
| Comments: | | | | | |
| | | | | | |
| | YES \$ | | | | |

NOTES –

- All information on the Transfer Between/Within Accounts Request Form must be completed BEFORE submission to the Advisory Committee for consideration. This includes:
 - Signatures as indicated on the form
 - Account names and numbers (to and from), balance, and amount requested. Include and explain any differences if your account balance is different from the Town Accountant records. Examples of differences that are likely to occur include:
 - Expenditures that have been authorized but not yet paid
 - Goods or services received but not yet invoiced
 - Complete explanations as indicated on the form. Additional sheets and supporting documents are encouraged as necessary. It is acceptable and encouraged to attach the form (with signatures) to your explanations of Purpose, Reason, Alternatives, and Impact.
- To avoid delays, the Advisory Committee recommends that you or your designated representative be present to
 provide clarification to questions as they arise. In our experience there are always questions from the Advisory
 Committee.
- Bear in mind that while you may possess knowledge and information to believe a transfer is warranted, the
 Advisory Committee may not (and most likely will not) have that knowledge and information. It is your
 responsibility to convey that information to the Advisory Committee in a manner appropriate to allow the
 Committee to consider the request fairly, accurately, and impartially.

Revision History

| Revision Number | Revision Date | Author | Next Review Date |
|-----------------|-----------------|----------------|--------------------------|
| 1 | October 7, 2021 | | October 31, 2024. |
| | | Matthew Rivard | If revised before this |
| | | AC Chairperson | date, three (3) years |
| | | | from that revision date. |