



REQUEST FOR TRANSFER FROM RESERVE FUND
(To be submitted in triplicate)

To: Finance Committee
Town of Rowe, Massachusetts

Request is hereby made for the following transfer from the Reserve Fund in accordance with MGL c.40, §6:

1. Amount Requested: \$ _____

2. Transfer From: _____ Transfer To: _____
Acct No. _____ Acct No. _____
Acct Name: Reserve Fund Acct Name: _____

3. The amount requested will be used for (give specific purpose):
Bringing Automatic External Defibrillators (AED) to good working order

4. This expenditure is extraordinary and/or unforeseen for the following reason(s):

Officer or Department Head

ACTION OF FINANCE COMMITTEE

Date of Meeting: _____ No. of Members Present _____

- Transfer of \$ _____
- Transfer Approved _____
- Transfer Disapproved _____

Chairman, Rowe Finance Committee

REQUEST MUST BE MADE AND TRANSFER APPROVED BY FINANCE COMMITTEE BEFORE ANY EXPENDITURE IN EXCESS OF APPROPRIATION IS INCURRED.

Transfer Complete: _____
Town Accountant Date