

**Indiana Department of Correction – Community Corrections Division
TRANSFER/ ADDITIONAL APPROPRIATION FORM**

County/ Regional Name: _____ **Date:** _____ **Year of Funds** _____

Entity (Choose One): Community Corrections Probation Jail Treatment Pre-Trial Prosecutor's Diversion

Court Recidivism Reduction Program - Court Name: _____

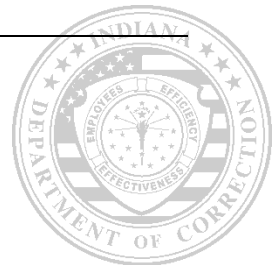
TRANSFER			
FROM (Drop Down Menu)	Minor Point/ Line Item (Click in Box to Type)	Amount (Click in Box to Type)	Fund (Drop Down Menu)
Total			
TO (Drop Down Menu)	Minor Point/ Line Item (Click in Box to Type)	Amount (Click in Box to Type)	Fund (Drop Down Menu)
Total			

ADDITIONAL APPROPRIATION			
FROM	<input type="checkbox"/> Project Income/ User	<input type="checkbox"/> Other	
TO (Drop Down Menu)	Minor Point/ Line Item (Click in Box to Type)	Amount (Click in Box to Type)	Fund (Drop Down Menu)
Total			

JUSTIFICATION:

Authorized By: _____ **Date:** _____

Advisory Board Approval: Yes No **Date:** _____



Indiana Department of Correction – Community Corrections Division
TRANSFER/ ADDITIONAL APPROPRIATION FORM

FOR IDOC-COMMUNITY CORRECTIONS DIVISION USE ONLY

Approved Denied

Reviewed By: _____

Date: _____

IDOC Comments:

