



CITY OF ALBUQUERQUE

_____ DEPARTMENT

TRANSFER OF FUNDS FORM

To settle the expenses for blueprint verification, permits and associated fees, it is necessary to initiate an Administrative Transfer of Funds for this CIP project. Please charge the associated costs for these services to the following:

Project Name: _____ **Address:** _____

Account: _____ **Activity:** _____ **Fund:** _____

<u>PURPOSE</u>	<u>AMOUNT</u>	<u>PLANNING DEPT. ACTIVITY</u>
Plan Check Fee	_____	_____ / _____
Permit(s)	_____	_____ / _____
Zoning	_____	_____ / _____
Other _____	_____	_____ / _____
Other _____	_____	_____ / _____
Total	_____	

Approved: _____

Phone: _____