



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:** _____

PURPOSE

AMOUNT

PLANNING DEPT. ACTIVITY

Plan Check Fee

_____/_____

Permit(s)

_____/_____

Zoning

_____/_____

Other _____

_____/_____

Other _____

_____/_____

Total

Approved: _____

Phone: _____