



CITY OF ALBUQUERQUE

Planning Department

Building Safety

TRANSFER OF FUNDS FORM

Permit # _____

Project Name: _____ Address: _____

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:

DEPARTMENT: _____

Account: _____ Activity: _____ Fund: _____

Approved: _____ Phone: _____

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