



TOWN OF MILLVILLE
MASSACHUSETTS 01529

Longfellow Municipal Center
8 Central Street
Tel: 508-883-8433
Fax: 508-883-2994

RESERVE FUND TRANSFER FORM

Date Submitted: _____

A request is hereby made for the following Reserve Fund Transfer in accordance with Chapter 40, Section 6 of the Massachusetts General Laws:

1. Amount Requested: \$ _____

2. To be transferred to: Account Title: _____
 Account Number: _____

3. Present balance in this account (as of date of request): \$ _____

4. The amount requested will be used for: _____

5. This expenditure is extraordinary and/or unforeseen for the following reasons:

Submitted By: (Elected Officials)

Department Head/Chairman

Executive Secretary

Action of the Finance Committee

Date of Meeting: _____ Number present and voting: _____

☐ Transfer approved in sum of: \$ _____

☐ Transfer disapproved (reason): _____

_____, Chairman _____, Vice Chair

_____, Member _____, Member

_____, Member