CASH MOVE FORM
FROM BY15 TO BY16
OFFICE OF FISCAL MANAGEMENT

Business Area #:_____

MAGIC FUND NUMBER	CASH AMOUNT TO MOVE TO BY2016

_____ _____

Business Area Name Phone Number

_____ _____

Signature Email Address

This form **MUST** be returned to the Office of Fiscal Management by **June 24, 2015** to the following address:

Attention: Barbara Elliott
Department of Finance and Administration
Office of Fiscal Managment

P. O. Box 1060 **OR** HANDMAIL **OR** Fax: 601-359-5525
Jackson, MS 39215-1060 Suite 701-B, Woolfolk Building

OR Email: Barbara.Elliott@dfa.ms.gov Princess.Bender@dfa.ms.gov