Business Area #:_____

CASH MOVE FORM
FROM BY2020 TO BY2021
OFFICE OF FISCAL MANAGEMENT

MAGIC FUND NUMBER	CASH AMOUNT TO MOVE TO BY2021

_____ _____

Business Area Name Phone Number

_____ _____

Signature Email Address

This form **MUST** be returned to the Office of Fiscal Management by **June 24, 2020** to the following address:

Mail:
Attention: Barbara Elliott
DFA Office of Fiscal Management
P O Box 1060
Jackson, MS 39215-1060

Handmail:
Attention Barbara Elliott
DFA Office of Fiscal Management
Suite 701-B, Woolfolk Building
Jackson

Fax 601-359-5525

Or email to: Barbara.Elliott@dfa.ms.gov and Princess.Bender@dfa.ms.gov