Business Area #:_____

CASH MOVE FORM
FROM BY2024 TO BY2025
OFFICE OF FISCAL MANAGEMENT

10-DIGIT MAGIC FUND NUMBER	CASH AMOUNT TO MOVE TO BY2025 (Specific Amount)

_____ _____

Business Area Name Phone Number

_____ _____

Signature Email Address

This form **MUST** be returned to the Office of Fiscal Management by **June 17, 2024,** to the following address:

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

Hand mail:
Attention Barbara Elliott
DFA Office of Fiscal Management
501 North West Street
Woolfolk Building – Annex, 2nd Floor
Jackson, MS

Fax 601-359-6186

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