



**City of Boston
Project/Grant Request Rejection Notice**

Department: Boston Public School Type: DEBIT TRANSFER
Contact: _____ CC: _____
Amount: _____ **NO.** _____ Date: 7/7/2005

The attached transfer(s) cannot be processed for the following reason(s):

1. ***

ACCOUNT	FUND	ORG	PROG	PROJECT/GRANT	AMOUNT

2. Insufficient documentation provided:

<input checked="" type="checkbox"/> AUDITING DEPARTMENT	<input checked="" type="checkbox"/> DEPARTMENT COMMENTS
<input type="checkbox"/> *	<input type="checkbox"/>
<input type="checkbox"/> *	<input type="checkbox"/>
<input type="checkbox"/> *	<input type="checkbox"/>

3. Totals are Incorrect:

<input checked="" type="checkbox"/> AUDITING DEPARTMENT	<input checked="" type="checkbox"/> DEPARTMENT COMMENTS
<input type="checkbox"/> *	<input type="checkbox"/>
<input type="checkbox"/> *	<input type="checkbox"/>
<input type="checkbox"/> *	<input type="checkbox"/>

4. Authorized Signature(s) Required:

<input checked="" type="checkbox"/> AUDITING DEPARTMENT	<input checked="" type="checkbox"/> DEPARTMENT COMMENTS
<input type="checkbox"/> *	<input type="checkbox"/>
<input type="checkbox"/> *	<input type="checkbox"/>
<input type="checkbox"/> *	<input type="checkbox"/>

5. Other: _____

Transfer(s) should be returned to the Auditing Department within 5 days after all corrections are made.

Reviewed by: * _____ Telephone: * _____ Date: 7/7/2005