



INTERFUND TRANSFER

WHATCOM COUNTY
Administrative Services Department

BATCH NO.		
DOCUMENT NO.		
DOC. TYPE	IF	
FUND	YEAR	SEQ

TRANSACTION DESCRIPTION	
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Billing Department	FUND		TRANSFER IN (CREDIT)
COST CENTER. ACCT.SUB.	AMOUNT	DESCRIPTION	
TOTAL		Prepared By:	Date Prepared:

Paying Department	FUND		TRANSFER OUT (DEBIT)
COST CENTER. ACCT.SUB.	AMOUNT	DESCRIPTION	
TOTAL		Prepared By:	Date Prepared:

STATE OF WASHINGTON,
COUNTY OF WHATCOM

I hereby certify that the materials have been furnished, the services rendered, or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against Whatcom County, and that I am authorized to authenticate and certify to said claim.

CLAIMS BECOME NULL AND VOID IF NOT PRESENTED BY
JANUARY 20 OF THE FOLLOWING YEAR

Signed _____ Department Head

Satpal Singh Sidhu, Whatcom County Executive	By	Date Entered
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