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. Issue(s):

   [ ]  ACCOUNT
   [ ]  FUND
   [ ]  ORG
   [ ]  PROG
   [ ]  PROJECT/GRANT
   [ ]  AMOUNT

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2. Insufficient documentation provided:

   [ ] AUDITING DEPARTMENT
   [ ] DEPARTMENT COMMENTS

   [ ] *
   [ ] *
   [ ] *

3. Totals are Incorrect:

   [ ] AUDITING DEPARTMENT
   [ ] DEPARTMENT COMMENTS

   [ ] *
   [ ] *
   [ ] *

4. Authorized Signature(s) Required:

   [ ] AUDITING DEPARTMENT
   [ ] DEPARTMENT COMMENTS

   [ ] *
   [ ] *
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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