

Province of Prince Edward Island		
REQUEST FOR SPECIAL WARRANT		
TYPE: <input type="checkbox"/> Special Warrant w/ Offset <input type="checkbox"/> Accounting Warrant <input type="checkbox"/> Spending Warrant <input type="checkbox"/> Reorganization Warrant		
BUDGET: <input type="checkbox"/> Operating or <input type="checkbox"/> Capital		Date Received - T.B.
DEPARTMENT/AGENCY:		
DEPARTMENT NUMBER:		
DATE SUBMITTED:		
FISCAL YEAR:		
ADDITION TO EXPENDITURES		
Account Number	Division/Section Description:	Amount \$
TOTAL		-
REVENUE OFFSET		
Account Number	Division/Section Description:	Amount \$
TOTAL		-
EXPLANATION		
RECOMMENDATION:	EXECUTIVE COUNCIL APPROVAL:	
MINISTER ONLY SIGNATURE & DATE:	ORDER IN COUNCIL # _____	
FISCAL MANAGEMENT AUTHORIZATION:	ORDER IN COUNCIL DATE: _____	
T.B. MINUTE:		