



**Office Of the Comptroller**  
**Commonwealth Of Massachusetts**  
**FEDERAL DRAW BOOK ENTRY**  
**FORM**

Decrease Account		Increase Account	
Date:			
Department:			
State Budget FY:			
Major Program:		Major Program:	
Program Code:		Program Code:	
Revenue Source:		Revenue Source:	
Federal Payment System:		Federal Payment System:	
Letter of Credit		Letter of Credit	
Sub Account:		Sub Account:	
Account Balance (before decrease)		Account Balance (before increase)	
Amount ( Decrease)		Amount:	
<b>REASON FOR REQUEST:</b>			
<b>Dept. Grant Liaison:</b>		Date:	
<b>Dept. Authorized Signatory:</b>		Date:	
<b>OSC authorized Signatory:</b>		Date:	