Reset Form

TRANSFER REQUEST FORM

Date of Request: _____

Effective Date: _____

☐ **JE15** *Same fund Number*

☐ **JE16** *Different fund number*

Fund	Dept (Org)	Account	Program	Activity	*Increase Expense* TO Debit Amount (-)	*Decrease Expense* FROM Credit Amount (+)
					$ 0.00	$ 0.00

Reason for Request: _____

_____

Requestor's: _____

Name **Signature** **Date**

Dean/Manager Approval: _____

Name **Signature** **Date**

This tranfer form is use for the following purposes:

a. Transfer money from different Fund / Org / Account / Program / Activity

b. Use at year end to clear negative balances. If this is the purpose, you must DEBIT Account 720010 and CREDIT Account 889310

Expense Transfers Guidelines:

1) Please attach support for your request, such as a Simpler Systems Report. On the support, please highlight or identify which item/s you would like to have moved elsewhere.
2) To expedite this request all applicable information above needs to be completed.
3) Expense transfer requests are subject to audit approval before being processed.