

## Financial Transfer Request

Return original completed form to:  
Office of the Associate Dean for Administration  
306 Graduate Education Building 575-4239 or 575-3596

**ATTACH ALL DOCUMENTATION**

### Transaction Type

Expense Transfer *(existing charges need to move from one ccn to another)*

Funds Transfer *(moving funds from one ccn to another)*

Interdepartmental Invoice *(Charge of services or product to another on campus customer)*

Salary Distribution - Include the following information:

Name Employee or PSB #

Amount or % Mo/Yr effective

### Detail description of reason for transfer or charges

#### Charge to:

Cost Center Number	Basis Category	Reference # <i>(AP, PO, TA or Account#)</i>	Amount
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#### Credit to:

Cost Center Number	Basis Category	Reference # <i>(AP, PO, TA or Account#)</i>	Amount
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### Departmental Information and approvals

Contact Name Phone

Mail Stop BU

Requestor Signature Date

Department Head Approval Date