

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