

Expenditure Transfer Request

FISCAL SERVICES USE ONLY	
MJ #	_____
Entered	_____
Date Entered	_____

INSTRUCTIONS: 1) Provide the reason, funds, account numbers, and amounts. 2) Be sure all necessary signatures are included. 3) If you have questions regarding filling out this form, call Fiscal Services. 4) Send original and two copies of your completed request to Fiscal Services. After the transfer is numbered, approved, and recorded, the second copy will be returned to you. If you call with questions regarding a recorded form, please refer to its MJ number.

Initiator (print name) _____ Initiator Signature _____ Date _____ Phone _____

Budget Manager Signature _____ Fiscal Services Signature _____

REASON FOR TRANSFER REQUEST Explain in detail.

EXPENDITURE TRANSFER FROM (CREDIT):					
FUND	ORGANIZATION	ACCOUNT	PROGRAM	DESCRIPTION	EXACT AMOUNT

EXPENDITURE TRANSFER TO (DEBIT):					
FUND	ORGANIZATION	ACCOUNT	PROGRAM	DESCRIPTION	EXACT AMOUNT