

REQUEST FOR DEPARTMENTAL TRANSFERS

Description of Transfer Request: (REQUIRED)

TO: Accounting and Financial Services				DATE:				
PREPARED BY: (Name)				(email)	PHONE EXTENSION:(Organization)			
SIGNATURI	E OF RESPO	ONSIBLE PEI	RSON	(Name)			(Date	
{Form instructions below}				(Ivaine)	For Accounting Use Only Received by Accounting Processed by:			
(D/C) Debit/Credit	Index	Fund	Org	Acct	Prog	Actv	Locn	Amount
						-		\$
								\$
								\$
		·						\$
								\$
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						<u> </u>		\$
								\$
								\$
								\$

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR DEPARTMENTAL TRANSFERS

- 1. Fill in the date, department, your name, email and extension.
- 2. The Responsible Person of the FOAPAL being debited must sign.
- 3. Complete the FOAPALs and amounts to be journaled.
- 4. Provide a detailed description of the purpose of this request and attach any supporting documentation. This information is required. If it is not completed, the Request will be returned to you.
- 5. Send via Campus Mail to Accounting & Financial Services, Samford Hall, Room 205.
- 6. If you have any questions, please call accounting at x2090.