



## BUDGET / FUND TRANSFER FORM BUSINESS OFFICE

**Instructions:** Complete this form if you are requesting a personnel action that requires a fund transfer. Complete this form if fund transfer is required at the time of the requisition or attach it to the *Personnel/Budget Action Form* (HR form) if fund transfer is required at the time of the personnel action.

**RE:** \_\_\_\_\_  
Position Title and Department

\_\_\_\_\_  
Employee Name (if applicable)

TRANSFER FROM			
Acct. No	Acct. Name	Line Item	Amount
<b>TOTAL</b>			_____

TRANSFER TO			
Acct. No	Acct. Name	Line Item	Amount
<b>TOTAL</b>			_____

**JUSTIFICATION / EXPLANATION:**

  
  
  
  

1. \_\_\_\_\_ Date  
Immediate Supervisor

2. \_\_\_\_\_ Date  
Budgetary Unit Head

3. \_\_\_\_\_ Date  
Next Level Supervisor (President, VP or Dean)

4. \_\_\_\_\_ Date  
Fiscal Officer

cc: Office of Budget/Payroll/Grants & Contracts