



Budget Transfer Form

[Department](#)

[Date:](#)

[Comments](#)

[DOCUMENTATION ENCLOSED](#)

YES

Please attach supporting documents

NO

[If no, please state reason:](#)

| LOCATION | FUND | COST CENTRE | OBJECT | DEBIT | CREDIT | VOUCHER/INVOICE NUMBER | P.O.# | DESCRIPTION |
|----------------------------------|----------------------|-----------------------------|------------------------|-----------------------|------------------------|--------------------------------------------|-----------------------|-----------------------------|
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| Debits must equal Credits | | | | | | | | |

[Signing Authority](#) (Print Name):

DEBIT: To increase the budget

CREDIT: To decrease the budget

Signature: _____

[CLICK THE BLUE LETTERS IN THE SECTION FOR INSTRUCTIONS ON HOW TO COMPLETE THAT SECTION](#)

How to Complete a Budget Transfer

Department: Enter the department that is sending the budget dollars. This will be the department that will be credited.

Date: Enter the current date.

Comments: Enter the reason for the transfer.

Documentation enclosed: Please check Yes or No depending on whether documentation is enclosed.

If no, please state reason: If no documentation was enclosed, please state the reason why.

Location: Enter the first two digits of the budget code (**11_10_00000000_61220**)

Fund: Enter the next two digits of the budget code (**11_10_00000000_61220**)

Cost Centre: Enter the middle 8 digits of the budget code (**11_10_00000000_61220**)

Object: Enter the last 5 digits of the budget code (**11_10_00000000_61220**)

Debit or Credit: Enter the amount to be transferred from the code. A credit decreases the available budget dollars.

Voucher/Invoice Number: If applicable, please enter the voucher number or invoice number of the expense being covered.

P.O. #: if applicable, please enter the purchase order number of the expense being covered.

Description: If applicable, please enter a description of the expense being covered.

On the next budget line(s), complete the information for the budget code(s) that will be receiving budget dollars. They will be debited. Please ensure that total debits equal total credits

In the signing authority section, please have someone with signing authority for the department that is transferring the budget funds, print and sign their name.

Once completed, please return this form to the Financial Services Office in UC0002. Please print only the first page of this document.

[CLICK HERE TO GO BACK TO THE FORM](#)