Departmental Transfer Form

Department

Date: DOCUMENTATION ENCLOSED

Comments   YES   Please attach supporting documents

                                             NO

                                             If no, please state reason:

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

Signing Authority (Print Name):   DEBIT: To increase the expense

                                                                      CREDIT: To decrease the expense

Signature: _____   CLICK THE BLUE LETTERS IN THE SECTION FOR INSTRUCTIONS ON HOW TO COMPLETE THAT SECTION

How to Complete a Departmental Transfer

Department: Enter the department that is receiving the expense. This will be the department that will be debited.

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 to the code. A debit increases the expense charge to the code.

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

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

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

On the next line(s), complete the information for the budget code(s) that will be giving/sending the expense. They will be credited. Please ensure that total debits equal total credits

In the signing authority section, please have someone with signing authority for the department that is receiving the debit, 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