

UNIVERSITY OF SOUTH ALABAMA EXPENSE TRANSFER REQUEST

[This form is to be used to transfer expenditures from one FOAPAL account (fund, organization, account) to another FOAPAL account]

DATE: _____

DOC#:

TO: BUSINESS OFFICE

(For Business Office Use)

FROM: _____
(ORGANIZATION NAME)

PREPARED BY: _____

TRANSFER EXPENDITURE(S) FROM ACCOUNT : (CR)					(F O A P required)			
SEQ	FUND	ORGN	ACCT	PROG	ACTV	LOCN	DESCRIPTION (MAX 35 CHARACTERS)	AMOUNT
1	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL TRANSFER FROM:								

TRANSFER EXPENDITURE(S) TO ACCOUNT : (DR)					(F O A P required)			
SEQ	FUND	ORGN	ACCT	PROG	ACTV	LOCN	DESCRIPTION (MAX 35 CHARACTERS)	AMOUNT
1	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL TRANSFER TO:								

PURPOSE: _____

SIGNED	DATE	DEAN	DATE
DEPARTMENT HEAD, DIRECTOR, OTHER	DATE	CONTROLLER	DATE

BUSINESS OFFICE	CODED BY: _____	REVIEWED BY: _____	RULE CODE: _____
USE ONLY:	APPROVED BY: _____	ENTERED BY: _____	DOCUMENT #: _____
DOCUMENT TOTAL:			