

UNIVERSITY OF SOUTH ALABAMA REVENUE/FUNDS TRANSFER REQUEST

[This form is to be used to transfer Revenues or Funds (or net assets) from one FOAPAL account (fund, organization, account) to another FOAPAL account]
(e.g. Selfsupporting, Edowment, etc.)

DATE: _____

TO: BUSINESS OFFICE

FROM: _____
(ORGANIZATION NAME)

PREPARED BY: _____

DOC#:

(For Business Office Use)

| TRANSFER FUNDS FROM 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 FROM: | | | | | | | | \$ - |

| TRANSFER FUNDS TO 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 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: | | | \$ - |