

# Stetson University Budget Transfer Form

Date Requested \_\_\_\_\_

For Fiscal Year \_\_\_\_\_

-	+	FUND	ORGN	ACCOUNT	PROG	LOC	Amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____

Please explain below or attach supporting documentation as appropriate

(Finance Use Only) TOTAL -

☐ Transfer budget dollars    \_\_\_Permanent    \_\_\_Temporary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Budget Supervisor .....

Date \_\_\_\_\_ Ext. \_\_\_\_\_

Budget Supervisor .....

Date \_\_\_\_\_ Ext. \_\_\_\_\_

Point of Contact .....

Date \_\_\_\_\_ Ext. \_\_\_\_\_

Please ensure that all appropriate budget supervisor approvals are included for the indicated Organization Codes (attached memo also sufficient)

After approving, forward to Finance Office, Unit 8318

zilla:Users:xfer\Desktop:finalss:budget\_transfer.xls