BUDGET TRANSFER REQUEST

Organization/Division: _____ Date: _____

Check one: ☐ Permanent Budget Adjustment (BD2)

☐ Temporary Budget Adjustment (BD4)

Fund Type: ☐ General Revenue (10001)

☐ Activity & Service (12xxx)

☐ Athletics (17xxx)

☐ Auxiliary (14xxx) / (15xxx)

Transfer Justification
Please do not list transfer amounts less than $1. All entries are rounded to the nearest whole dollar.

	Index	Fund	Org	Account Code	Increase	Decrease
1						
2						
3						
4						
5						
6						
7						
8						
				Total		

_____ _____

Requester Date

_____ _____

Budget Manager Date

ADMINISTRATIVE USE ONLY

Journal Voucher #: _____ Processing Complete: _____ Date: _____

Updated: January 2018