



## 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

\_\_\_\_\_  
Asst. Dean/Director or Above

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Susan Cameron**  
**SS&EM Budget Manager**

\_\_\_\_\_  
Date

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#### ADMINISTRATIVE USE ONLY

Journal Voucher #: \_\_\_\_\_ Processing Complete: \_\_\_\_\_ Date: \_\_\_\_\_