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#: _____
(For Business Office Use)

TO: BUSINESS OFFICE

FROM: _____
(ORGANIZATION NAME)

PREPARED BY: _____

TRANSFER EXPENDITURE(S) AMOUNTS 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:	0.00

TRANSFER EXPENDITURE(S) AMOUNTS 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:	0.00

PURPOSE: _____

_____

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

BUSINESS OFFICE USE ONLY:					
	CODED BY:		**REVIEWED BY:**	**RULE CODE:**	
	APPROVED BY:		**ENTERED BY:**	**DOCUMENT #:**	
				DOCUMENT TOTAL:	0.00