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:	

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:	

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: