UTICA
COLLEGE
Office of Financial Affairs

BUDGET TRANSFER REQUEST FORM

BUDGET TRANSER "FROM" BANNER FOAP	BUDGET TRANSER "TO" BANNER FOAP	AMOUNT OF BUDGET TRANSFER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPLANATION FOR BUDGET TRANSFER(S):

_____

_____

_____

_____

REQUESTOR NAME: _____

APPROVER NAME: _____

APPROVER SIGNATURE: _____ **DATE:** _____

VP/DEAN NAME: _____

VP/DEAN SIGNATURE: _____ **DATE:** _____

FINANCIAL AFFAIRS OFFICE REVIEW AND PROCESS DATE: _____

INSTRUCTIONS FOR BUDGET TRANSER REQUEST FORM

Please print legibly and complete the entire Budget Transfer Request Form.

DATE:
- Date of the budget transfer request.

DEPARTMENT:
- Provide the department that is giving the transfer.

BUDGET TRANSER "FROM" BANNER FOAP:
- Provide complete FOAP (Fund, Org, Account, and Program) to be charged for the transfer.
- If more than one FOAP is appropriate, then individually list each complete FOAP.

BUDGET TRANSFER "TO" BANNER FOAP:
- Provide complete FOAP (Fund, Org, Account, and Program) to receive the transfer.
- If more than one FOAP is appropriate, then individually list each complete FOAP.

AMOUNT OF BUDGET TRANSFER:
- Indicate the amount of each transfer.

EXPLANTION FOR BUDGET TRANSFER(S):
- Provide explanation for each transfer requested.

REQUESTOR NAME:
- The person requesting the transfer must print their name.

APPROVER NAME, SIGNATURE, AND DATE:
- The Budget Manager (person responsible for the "From" Banner FOAP) must print their name, sign, and date the Form indicating their approval of the transfer.

VP/DEAN NAME, SIGNATURE, AND DATE:
- VP or Dean of the "From" Banner FOAP must print their name, sign, and date the Form indicating their approval of the transfer.

*Please allow adequate processing time for this transfer. Incomplete Forms will add to the time required to meet your request.