EXPENSE/COST TRANSFER REQUEST FORM



Controller's Office

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(585) 899-3712

The purpose of this form is to request a transfer of an expense/cost (ie, invoice, credit card charge, etc) to a different FOAPA.

EXPENSE/COST TRA "FROM" BANNER FO	EXPENSE/COST TRANSFER "TO" BANNER FOAPA (DR)						AMOUNT OF COST/	INVOICE NUMBER	
Fund Org Account Pro	Activity Prog (if applicable)	<u>Fund</u>	<u>Org</u>	<u>Account</u>	<u>Prog</u>	Activity (if applicable)	_	EXPENSE TRANSFER	OR CREDIT CARD MONTH
EXPLANATION FOR COST/EXP	ENSE TRANSFER(S):				REQU	ESTOR NAME:			
				– RUDO	CET MAN	NAGER NAME:	Print		
						ET MANAGER			
						SIGNATURE:			
**PLEASE INCLUDE A COPY OF THE INVOICE OR RECEIPT AS BACKUP Department receiving the cost/expense. Required when transferring to a different department (org).							DATE:		
RECEIVER NAME: Print			_	, to a amorom coparament (e.g.).				<u>Controll</u>	ler's Office ONLY
RECEIVER SIGNATURE:			DATE:					Received by: Date:	
-	e is \$5,000 or over - MUS		` '					Controller's	
From VP/Dean:		To VP/Dean (if different Division):						Approval (if	
NAME: Print		NAME: Print					-	applicable):	
SIGNATURE:		SIGNATURE:					.	Date Processed:	
								Journal Entry #:	
ated 5/14/2024 MAL									

INSTRUCTIONS FOR EXPENSE / COST TRANSFER REQUEST FORM

Please print legibly and complete the entire form.

DATE:

• Date of the transfer request.

EXPENSE/COST TRANSFER "FROM" BANNER FOAPA:

- · Provide complete FOAPA (Fund, Org, Account, Program and Activity) where the cost/expense is
- If an Activity code is used, be sure to include it.
- If more than one FOAPA is appropriate, then individually list each complete FOAPA.

EXPENSE/COST TRANSFER "TO" BANNER FOAPA:

- · Provide complete FOAPA (Fund, Org, Account, Program and Activity) to receive the cost/expense trans
- If an Activity code is needed, be sure to include it.
- If more than one FOAPA is appropriate, then individually list each complete FOAPA.

AMOUNT OF EXPENSE/COST TRANSFER:

• Indicate the amount of each transfer.

EXPLANATION FOR EXPENSE/COST TRANSFER(S):

- Provide an explanation for each transfer requested.
- Please include backup in the form of an invoice, copy of receipt, etc. REQUESTS WITHOUT BACKUP WILL BE RETURNED.

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 FOAPA) must print their name, sign,

RECEIVER NAME, SIGNATURE, and DATE:

This section is only required when transferring a cost or expense to a different department.

• The Budget Manager (person responsible for the "To" Banner FOAPA) must print their name, sign, and

VP OR DEAN NAME, SIGNATURE, and DATE:

• For transfers of \$3000 or more, the VP or Dean of the "To" Banner FOAPA must print their name,

Please allow adequate processing time for this transfer. Incomplete forms will add to the time