

Expense Transfer Request Form

Date of Request _____

Effective Date _____

ACCOUNT NUMBER					Increase Expense	Decrease Expense
Fund	Dept (Org)	Account	Program	Activity	(+) = To	(-) = From
Total \$						

(+ and -) must equal

Reason for Request:

.....

.....

Requestor's

 Name Signature Date

Dean/Manager Approval

 Name Signature Date

Expense Transfers Guidelines:

* Turn in completed form to Accounting either hard copy or scanned copy via email to Lisa Saunders @ lsaunderske@pipeline.sbccc.edu.

- 1) An expense transfer moves actual expenditures from one account code to another.
- 2) Please attach support for your request, such as a Simpler Systems Report. On the support, please highlight or identify which item/s you would like to have moved elsewhere.
- 4) To expedite this request all applicable information above needs to be completed.
- 5) Expense transfer requests are subject to audit approval before being processed.