# BUDGET TRANSFER REQUEST FORM

<table>
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<tr>
<th>BUDGET TRANSER “FROM” BANNER FOAP</th>
<th>BUDGET TRANSER “TO” BANNER FOAP</th>
<th>AMOUNT OF BUDGET TRANSER</th>
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**EXPLANATION FOR BUDGET TRANSFER(S):**

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**REQUESTOR NAME:** ________________________________________________________________

**APPROVER NAME:** ________________________________________________________________

**APPROVER SIGNATURE:** ___________________________ **DATE:** __________________________

**VP/DEAN NAME:** ________________________________________________________________

**VP/DEAN SIGNATURE:** ___________________________ **DATE:** __________________________

**FINANCIAL AFFIARS OFFICE REVIEW AND PROCESS DATE:** __________________________

1600 Burrstone Road | Utica, NY 13502-4892
Voice: 315.792.3011 | Fax: 315.792.3394
www.utica.edu
INSTRUCTIONS FOR BUDGET TRANSFER 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.

EXPLANATION 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.