

## Revenue and Expense Transfer Form

TRANSFER FROM: Department Name: \_\_\_\_\_

Unit	Account	Fund ID	Dept. ID	Class	Project Number	Amount	PO # (If Applicable)

TOTAL FROM: 0.00

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRANSFER TO: Department Name: \_\_\_\_\_

Unit	Account	Fund ID	Dept. ID	Class	Project Number	Amount	PO # (If Applicable)

TOTAL TO: 0.00

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REASON FOR THE TRANSFER:

Please Include:

1. A description of the expenses being transferred. Include why and when the original charges occurred.
2. Why the receiving account was not originally charged.
3. Why it is appropriate to charge the receiving account and how this expense is allocable to that account.
4. What steps are in place to prevent the future need for correction?

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide any additional information and documentation that will support this transfer and return this form to the University Corporation Post Award Accounting office via email to [Grants@CSUMB.edu](mailto:Grants@CSUMB.edu).

For non-grant related transfers please send via email to [corporationaccounting@csumb.edu](mailto:corporationaccounting@csumb.edu)

### Approving Signatures:

Dept. Chair/Dean: (If required) \_\_\_\_\_ Date: \_\_\_\_\_

Grants Accounting: (If required) \_\_\_\_\_ Date: \_\_\_\_\_

University Corporation Accounting: \_\_\_\_\_ Date: \_\_\_\_\_