

Revenue and Expense Transfer Form

TRANSFER FROM: Department Name: _____

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

TOTAL FROM: _____

Authorized Signature: _____ Date: _____

TRANSFER TO: Department Name: _____

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

TOTAL TO: _____

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.

Approving Signatures:

Dept. Chair/Dean: (If required) _____ Date: _____

Grants Accounting: (If required) _____ Date: _____

University Corporation Accounting: _____ Date: _____