

**TUSCULUM UNIVERSITY**  
**BUDGET TRANSFER REQUEST**  
**FISCAL YEAR: JULY 1, \_\_\_\_\_ THROUGH JUNE 30, \_\_\_\_\_**

**TRANSFER REQUEST IS DEEMED: TEMPORARY \_\_\_\_\_ OR PERMANENT \_\_\_\_\_**

*Departments may make budget transfers between lines within a department or between departments, except for salary/benefit budget lines. Transfers should not occur before January 1, unless extenuating circumstances can be documented.*

**FULL DESCRIPTION OF THE PURPOSE OF THE TRANSFER WITH ATTACHED DOCUMENTATION IF NECESSARY \_\_\_\_\_**

**Transfer Funds From**

**Transfer Funds To**

Account Number	Amount	Account Number	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The department **FROM** which funds are being transferred must approve the transfer:

Requestor's Printed Name	Signature	Date
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Cabinet Member's Printed Name	Signature	Date
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**BUSINESS OFFICE USE ONLY**

Name	JE Posted	JE #	Date
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Name	BE Posted	BE #	Date
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