

PAYROLL EXPENSE TRANSFER
 Forward to Financial Accounting Services, Box 4080

Date: _____ Pay Period(s) for Transfer _____ thru _____

To: _____ Box Number _____

From: _____ Phone Number _____

DEPT/UNIT	OBJ/SOBJ (ERE Obj=7260.10)	DEPT/UNIT Name	Amount	Employee ID (NOT SSN)
-----------	-------------------------------	----------------	--------	--------------------------

I. DEBIT *The DEPT/UNIT expenses will be transferred TO (CHARGED)*

Line 1	_____	_____	_____	_____
Line 2	_____	_____	_____	_____
Line 3	_____	_____	_____	_____
Line 4	_____	_____	_____	_____
Line 5	_____	_____	_____	_____
Line 6	_____	_____	_____	_____

UNIT Manager Signature _____ Total _____

II. CREDIT *The DEPT/UNIT expenses will be transferred FROM (CREDITED):*

Line 1	_____	_____	_____	_____
Line 2	_____	_____	_____	_____
Line 3	_____	_____	_____	_____
Line 4	_____	_____	_____	_____
Line 5	_____	_____	_____	_____
Line 6	_____	_____	_____	_____

UNIT Manager Signature _____ Total _____

PURPOSE: _____
