

**REQUEST FOR REVENUE TRANSFER**

Contact Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Requested by: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Department Chairperson/Director

Division/Vice President

**Debit (Decrease Revenue/Increase Cash or Expense)**

Bus Unit	Account	Fund	Organization	Program	Class	Year	Proj/Grant

5 digits      6 digits      2 digits      6 Digits      5 Digits      2 Digits      4 Digits      7 Digits

Description (50 Characters ONLY)

**Credit (Increase Revenue)**

Bus Unit	Account	Fund	Organization	Program	Class	Year	Proj/Grant

5 digits      6 digits      2 digits      6 Digits      5 Digits      2 Digits      4 Digits      7 Digits

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Description (50 Characters ONLY)

Created 9/11/00      FS Approval/Date: \_\_\_\_\_

Last Revised

**(Submit 2 copies to Fiscal Services)**

**Amount**

\$ \_\_\_\_\_

13 Digits

J V # (Fiscal Use)

**Amount**

\$ \_\_\_\_\_

13 Digits

J V # (Fiscal Use)

**Amount**

\$ \_\_\_\_\_

13 Digits

J V # (Fiscal Use)

**Amount**

\$ \_\_\_\_\_

13 Digits

J V # (Fiscal Use)

Entered by/ Date: \_\_\_\_\_