

# WALTERS STATE COMMUNITY COLLEGE BUDGET TRANSFER/REQUEST

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
<b>Transfer To:</b>						Transaction Code*	
	Org Name	Fund Code	Organization Code	Account Code	Program Code	Permanent (P) or Temporary (T)	Amount in Whole Dollars
1)	_____	_____	_____	_____	_____	_____	\$ _____
2)	_____	_____	_____	_____	_____	_____	\$ _____
3)	_____	_____	_____	_____	_____	_____	\$ _____

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
<b>Transfer From:</b>						Transaction Code*	
	Org Name	Fund Code	Organization Code	Account Code	Program Code	Permanent (P) or Temporary (T)	Amount in Whole Dollars
1)	_____	_____	_____	_____	_____	_____	\$ _____
2)	_____	_____	_____	_____	_____	_____	\$ _____
3)	_____	_____	_____	_____	_____	_____	\$ _____

\* To be determined/assigned by Business Office.

**Description/Justification for Transfer/Request (attach additional page if needed):**

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_

### Approvals:

**Requested by:** \_\_\_\_\_  
Requestor

**Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_  
Administrative Head

**Date:** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_  
Vice President for Requesting Department

**Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_  
Director of Financial Services

**Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_  
Vice President for Business Affairs

**Date:** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_  
President

**Date:** \_\_\_\_\_

# Instructions for Completing Budget Transfer/Request Form

In accordance with provisions of TBR Policy 4:01:00:00, Budget Control, this budget transfer/request form is to be completed and processed to include approval by the President. This form should be used for ANY budget adjustments requested/needed during a fiscal year. This form is not to be utilized for requests being made during the time frame of the collection of budget needs relative to the development of a new fiscal year budget (e.g., during the college's annual budget review process).

**Transfer To:** This section is to be completed with the FOAP in need of a budget transfer/request of funds that reflects current needs.

**Transfer From:** This section is to be completed with the FOAP where funds may be transferred/requested from.

**Column A:** Enter the name of the FOAP (Organization) to be revised.

**Column B:** Enter the six-digit Fund code.

**Column C:** Enter the five-digit Organization code.

**Column D:** Enter the five-digit Account code.

**Column E:** Enter the three-digit Program code.

**Column F:** To be completed by the Business Office staff.  
Enter a "P" if this is a permanent budget transfer/request which will result in changes to the base budget.  
Enter a "T" if this is a temporary budget transfer/request which is a one-time request that will result in a change to the current year's budget only.

**Column G:** Enter the even dollar amount by which you wish to increase the budget for this FOAP (Organization). If you wish to decrease the budget, put parenthesis around the amount.

The Office of Business Affairs will review this request for compliance to budgeting policies and procedures. If approved, the revisions will be entered into Banner.