

**Western University of Health Sciences
Fund Transfer Request**

TO: BUSINESS OFFICE

CURRENT DATE: _____

FROM: _____

ACTIVITY DATE: _____

Budget Manager

Please execute fund transfers as detailed herein.

Type of Transfer: Budget _____ Cash _____ Expense _____
Reclass _____

Budget transfers are required to move funds from one account to another within the same fund and organization.
Cash transfers are required to move funds between funds and/or organizations utilizing the same account number.

Justification for fund transfers/reclass: _____

TRANSFER FUNDS OUT (Budget/ -) (Cash/ D)

Fund	Org	Acct	Prog	Acvty	Description	Amt
TOTAL						

TRANSFER FUNDS IN (Budget/ +) (Cash/ C)

Fund	Org	Acct	Prog	Acvty	Description	Amt
TOTAL						

Prepared By

Date

Signature Budget Manager

Date