



**NORTHEASTERN**  
STATE UNIVERSITY

# Request for Budget Transfer

**\*\*Funds can not be crossed\*\***

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

To: \_\_\_\_\_  
ACCOUNT NAME FUND ORG. PROGRAM

From: \_\_\_\_\_  
ACCOUNT NAME FUND ORG. PROGRAM

\_\_\_\_\_  
Controller Signature

*(Only if cash needs to be moved)*

Moving Cash? YES NO

**\*\*Explanation  
Of Transfer**

**\*\*required before transfer will be completed**

\_\_\_\_\_  
Account Sponsor Signature & Date

\_\_\_\_\_  
Appropriate Vice President Signature & Date  
*( Must have if \$500 or more being transferred)*

		<u>Decrease Amount</u>	<u>Increase Amount</u>
L3601	Professional Services	_____	_____
L3504	Other Wages	_____	_____
L3630	Administrative Expenditures	_____	_____
L3620	Travel	_____	_____
L3640	Equipment	_____	_____
L3420	Cash Revenue	_____	_____

Transfer Completed by: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Journal Entry# \_\_\_\_\_