

# BUDGET TRANSFER REQUEST

**Account Number:** \_\_\_\_\_

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

Account Name: \_\_\_\_\_

OBJECT CODES	PERSONNEL	AMOUNT to	
		Decrease	Increase
	Institutional Wages		
	Wages		
	Teaching Salaries		
	Full-Time, Professional		
	Non - Professional Salary		
	Part-Time, Teaching Salaries		
	Fringe Benefit Budget		
	Professional Services		
<b>OTHER</b>			
	Operating Expense		
	Travel		
	Equipment		
	Intra-Agency Transfer		
<b>EXPLANATION / DESCRIPTION</b>			

PI Signature \_\_\_\_\_

PI's Department \_\_\_\_\_

**Signature** \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

**OSP - 003**

**LAST REVISION: 01-16-09**