

NORTH FLORIDA COLLEGE BUDGET TRANSFER REQUEST FORM

Instructions for completing form:

- 1. Enter the organization numbers, account codes, and amounts for the budgets to be increased/decreased on the appropriate lines.
- 2. Provide a justification statement relating to the budget transfer request.
- 3. Obtain all appropriate signatures and send the form to the Business Office.

NOTE: The total budget increased must equal the total budget decreased.

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1.) BUDGET	TO BE INCREASED	1					
Fund Code	Organization No.	Account Code	\$ Amount				
_							
	Total A	mount Increased	c				
1) RUDGET	TO BE DECREASEI		\$	_			
Fund Code	Organization No.	Account Code	\$ Amount				
	Takal	A	.a.¢				
		Amount Decrease		_			
*********** 2.)	**************************************	:*************************************	******	******	*******	******	
Please provide	e justification for the ne	ed to transfer budg	geted funds from	one code to anothe	er, or from one depa	rtment to	
	de rationale relating to	the effect of not ut	tilizing the funds	that are to be trans	ferred from one acc	ount to	
another.							
*****	*******	*******	******	******	*******	******	
3.) APPROVA	AL SECTION						
Requestor:	Signature		Print		Date:	Date:	
Dept. Head:	Signature		Print		Date:	Date:	
President:	Signature		Print		Date:	Date:	
Dean of Admi	nin. Services: Signature		Print		Date:	Date:	