Weber State University
Expenditure Form

Please transfer the following expenditure: Transfer Reference # _____

From Account (use cost code stamp)	Subcode	Position Number (for salaries)*	Amount

Budget Pool Reference
1000 Contract Salary
1300 Wage Rated Instruct.
1800 Hourly Wages
2000 Benefits
3000 Current Expense
4000 Travel
5000 Capital Outlay
8000 Scholarships

To Account (use cost code stamp)	Subcode	Position Number (for salaries)*	Amount

Description of / Reason for Funds Transfer	Amount
TOTAL	

Requested by: _____ Date _____ Phone _____ Mail Code _____

Departmental Use Only	
Department Head or Equivalent	Date
Dean or Equivalent	Date

Please obtain required signatures by authorized individuals.
Return to Accounting Services mail code 1014.

***Transfer of salary from a department requires a position number.**

Accounting Services Use Only	
Vice President	Date
Budget Office	Date
Accounting Services	Input Date
☐ BD: Trans Code 02__ From Dept = Credit, To Dept = Debit	
☐ JE: Trans Code 06__ From Dept = Debit, To Dept = Credit	

Revision 9/95