

Organizational Prior Approval System (OPAS)

Date of Request _____

Department Name _____

Cost Code Stamp _____

ACCOUNTING OFFICE

Transfer # _____

Transfer _____

Date _____

The following budget transfer is requested:

From Category	Account Code	Sub Code	Amount
.....
_____	_____	-	(_____)
_____	_____	-	(_____)
_____	_____	-	(_____)
_____	_____	-	(_____)
_____	_____	-	(_____)

To Category	Account Code	Sub Code	Amount
.....
_____	_____	-	_____
_____	_____	-	_____
_____	_____	-	_____
_____	_____	-	_____
_____	_____	-	_____

Reason for transfer and/or Instructions _____

Requesting Individual

Approvals

Principal Investigator

Department Chair

Dean

Accounting

Provost

OSP

Instructions:

1. Round off transfer amounts to nearest whole dollar.
2. Negative transfer amounts should equal positive transfer amounts.
3. All required signatures must be in place before submitting to Accounting.