

EASTERN MICHIGAN UNIVERSITY

EXPENSE TRANSFER FORM

Please fill out ALL the information below and forward to our responsible Fund Bookkeeper

TRANSFER

FROM (Where the expense was paid)

TO (Where the expense is to be paid)

Fund/Org Name _____

Fund/Org Name _____

Fund No. _____

Fund No. _____

Org. No. _____

Org No. _____

Expense Code _____

Expense Code _____

Program No. _____

Program No. _____

Dollar Amount _____

The original expense was posted on statement date _____ (Month & Year)

**The expense must show on the statement before it can be transferred.
Backup for this expense must accompany this form.**

Reference Number

Purchase Order No. _____

Requisition No. _____

Travel Voucher No. _____

Journal Entry No. _____

Other (Specify) _____

Reason for Transfer: _____

Contact person _____ Phone No. _____ Date _____

Signature of AUTHORIZED SIGNER on the account RECEIVING the expense transfer.

_____ Date _____