EASTERN MICHIGAN UNIVERSITY

Grant Expense Transfer

Please fill out ALL information and forward to Grant Accounting, 204 Hover.

This form is only to be used for expense transfers "To" or "From" a grant fund.

Fund that made the original pur	rchase:	Fund that will bear the cost:	
Fund/Orgn Name:		Fund/Orgn Name:	
Fund Code:		Fund Code:	
Orgn Code:		Orgn Code:	
Account Code:		Account Code:	
Program Code:		Program Code:	
Activity Code:		Activity Code:	
Location Code:		Location Code:	
Dollar Amount:		Dollar Amount:	
		Transaction Date:	
Contact:		Contact:	
Phone:		Phone:	
Date (mm/dd/yyyy):		Date (mm/dd/yyyy):	
		Auth. Signature:	
		Date (mm/dd/yyyy):	
		Auth. Signature:	
		Date (mm/dd/yyyy):	
Reason for expense transfer:			
ļ	Reference Numbers:		
<u></u>	Other (Specify):		
<u>,</u>	Journal Entry Number:		
<u> </u>	Requisition Number:		
	PO Number:		

Expense must be posted before it can be transferred.

The expense must show on the statement before it can be transferred.

Backup for this expense must accompany this form.

Grant Accounting Hover Building Phone: 734.487.6679 Fax: 734.480.1043