FY: ____

PLEASE SELECT:
- ☐ **NON-BASE CHANGE**

OR
- ☐ **BASE CHANGE**

ST. THOMAS UNIVERSITY

BUDGET LINE TRANSFER REQUEST

DATE: _____

DEPARTMENT NAME: _____

PURPOSE OF TRANSFER: (REQUIRED) _____

I would like to submit the following **Budget Line Transfer Request.** I understand that this transfer request will not be processed without signature approvals by the Budget Officer, Human Resources *(payroll only)*, Division Vice President and Vice President's Assistant **(Academic Units ONLY).** Please submit this form to the Financial Affairs Office **FIVE (5) Business days** before you submit a Check Disbursement or Purchase Order Request to the Accounts Payable/Purchasing department.

AMOUNT	FROM	TO
$	Acc. Name: Acc.#: _ _ - _ _ _ _ _ - _ _ _ _ _ _	Acc. Name: Acc.#: _ _ - _ _ _ _ _ - _ _ _ _ _ _
$	Acc. Name: Acc.#: _ _ - _ _ _ _ _ - _ _ _ _ _ _	Acc. Name: Acc.#: _ _ - _ _ _ _ _ - _ _ _ _ _ _
$	Acc. Name: Acc.#: _ _ - _ _ _ _ _ - _ _ _ _ _ _	Acc. Name: Acc.#: _ _ - _ _ _ _ _ - _ _ _ _ _ _
$	Acc. Name: Acc.#: _ _ - _ _ _ _ _ - _ _ _ _ _ _	Acc. Name: Acc.#: _ _ - _ _ _ _ _ - _ _ _ _ _ _
$	Acc. Name: Acc.#: _ _ - _ _ _ _ _ - _ _ _ _ _ _	Acc. Name: Acc.#: _ _ - _ _ _ _ _ - _ _ _ _ _ _

APPROVALS:

_____
Department Budget Officer: Date

_____
Sandra M. Secord: Date
(Required for all Academic Budget Line Transfers)

_____
Provost of the University & Chief Academic Officer Date

_____
Director of Administration/Human Resources Date