

**TRINITY UNIVERSITY
BUDGET ADJUSTMENT FORM
TRANSFER OF FUNDS**

Bus. Office Use Only No. _____

TO: **BUSINESS OFFICE**

FROM:

SUBJECT: **REQUEST FOR TRANSFER OF BUDGET FUNDS**

DATE:

FROM ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

To ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

This transfer is: Permanent _____

 Temporary _____ (this fiscal year only)

JUSTIFICATION:

Dept. Chairperson/Director /Dean _____	Date _____
Appropriate Vice President _____	Date _____
President _____	Date _____
Assoc. VP for Fiscal Affairs _____	Date _____
Controller _____	Date _____
Action Completed by _____	Date _____