

**Expenditure Transfer Form**  
(Backup Documentation for Expenditure Transfers)

TO: Kim Boston  
fax: X2261

FROM:

SUBJECT: **Expenditure Transfer**  
(one From/To line for each expenditure to be moved)

DATE:

Date of Approval:

**FROM:**

1. Account Number		
Account Name		
Date - Claim #		
Expenditure Item		

AMOUNT

**TO:**

2. Account Number	
Account Name	

AMOUNT
-

*(To amount minus from amount must equal zero)*

<b>NOTE: REASON FOR THE CHANGE REQUEST MUST BE STATED BELOW:</b>

**FROM:**

3. Account Number		
Account Name		
Date - Claim #		
Expenditure Item		

AMOUNT

**TO:**

4. Account Number	
Account Name	

AMOUNT
-

*(To amount minus from amount must equal zero)*

<b>NOTE: REASON FOR THE CHANGE REQUEST MUST BE STATED BELOW:</b>