



Texas Tech University

Interdepartmental Cost Transfer Request

LN	CREDITS			ORIGINAL DOCUMENT IDENTIFIER	ITEM DESCRIPTION *	LN	CHARGES		
	ACCOUNT NUMBER	OBJ / SOBJ	AMOUNT				ACCOUNT NUMBER	OBJ / SOBJ	AMOUNT
	- -	/					- -	/	
	- -	/					- -	/	
	- -	/					- -	/	
	- -	/					- -	/	
	- -	/					- -	/	
	- -	/					- -	/	
TOTAL CREDITS							TOTAL CHARGES		

* ITEM DESCRIPTION is required for transfers involving restricted (grant or contract) accounts and optional for all other transfers

TRANSFER JUSTIFICATION: _____

ACCOUNT NAME	ACCOUNT MANAGER NAME / SIGNATURE
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PREPARER NAME / SIGNATURE: _____ DATE: _____
 DEPARTMENT: _____ PHONE NUMBER: _____
 ADDRESS: _____ ACCOUNTING SERVICES APPROVAL(S): _____